

Dolphin Pool Supply, Inc.
231 Ronkonkoma Ave, Ronkonkoma, NY 11779

(631) 467-3173 FAX: (631) 738-9047

www.dolphinpoolsupply.com

[**repairshop@dolphinpoolsupply.com**](mailto:repairshop@dolphinpoolsupply.com)

Dear Valued Customer,

Please take the time to read the following information and sign this letter to confirm you understand our company policies.

1. Please also read the information at the bottom of our 'Electronic Pool Cleaner Repair Order' form attached below. It will explain our \$50 bench fee and repair allowance. Contact us for any concerns or questions.
2. We will not perform warranty work for any cleaner bought from an internet based company. It is the customer's responsibility to determine if the services and/or parts requested are covered by any manufacturer's warranty. The customer will be responsible for all quoted costs for services performed and/or parts provided by Dolphin Pool Supply, even if later found to have been covered by a manufacturer's warranty.
3. We anticipate your to cooperation with our repairmen during the servicing of your unit. Please provide a working phone number with a working answering machine/voice mail. We are not responsible if you provide an invalid number or have a full mail box where we can not contact you.
4. We disassemble your pool cleaner on every repair. An estimate repair will remain disassembled until the customer decides to repair the unit or not. Therefore, customer's must allow a 24 hour period for our repairmen to reassemble your unit before pickup/shipping.
5. We are only responsible for the parts of the pool cleaner we repair and or replace. By accepting our service you waive and release Dolphin Pool Supply from any other failure of your pool cleaner for parts not serviced.
6. **Shipping Policy:** We charge a flat rate of \$50 to ship pool cleaners back to the customer. This rate covers the shipping and handling costs as well as the insurance of the package. This shipping rate will be used regardless if you choose to have the cleaner repaired or not.
7. The motor unit are factory sealed parts. There are no parts available and are replace only items. Check your manufacturer's warranty information on motor units. Any other repairs are not warranted and are final sale.
8. **WE ARE NOT RESPONSIBLE FOR EQUIPMENT NOT CLAIMED WITHIN 30 BUSINESS DAYS** after completion of repair or a quote on an estimate, whichever is later. After 30 business days, we disclaim all liability and responsibility in connection with equipment, including any negligence or fault on our part. After 30 business days you hereby give Dolphin Pool Supply authorization to **DISPOSE** of your equipment.
9. Please complete the attached credit card authorization paperwork or your cleaner will not be accepted by the repair shop until the \$50 mandatory fee is received. This means other cleaners may take your spot regardless of when it arrived at Dolphin Pool Supply.
10. The person signing this letter is the owner of the unit or has the authority to bind the unit's owner.

I have read the foregoing and I agree to the above standard policies of Dolphin Pool Supply, Inc.

Signature

Date

Spring / Summer / Fall / Winter 2012

**ELECTRONIC
POOL CLEANER
REPAIR ORDER**



**231 RONKONKOMA AVE.
RONKONKOMA 11779
467-3173**

NAME:

ADDRESS:

TOWN: ST.: ZIP:

(HOME) PHONE: - - (SECOND) PHONE: - -

ESTIMATE INFO

DATE: - - TAKEN IN BY: DATE CALLED: - - BY:

PROBLEM DESCRIPTION: _____

QTY	PLU NUMBERS	DESCRIPTION	EACH	TOTAL	MODEL TYPE
<input type="text"/>	<input type="text"/>		-	-	WARRANTY WORK Y N
<input type="text"/>	<input type="text"/>		-	-	RECEIVED WITH _____
<input type="text"/>	<input type="text"/>		-	-	BOTTOM LID Y N
<input type="text"/>	<input type="text"/>		-	-	TRANSFORMER Y N
<input type="text"/>	<input type="text"/>		-	-	BRUSHES TYPE _____ Y N
<input type="text"/>	<input type="text"/>		-	-	FILTER ELEMENT Y N
<input type="text"/>	<input type="text"/>		-	-	DATE REPAIRED _____
<input type="text"/>	<input type="text"/>		-	-	DATE SHIPPED _____
<input type="text"/>	<input type="text"/>		-	-	SERIAL # OLD _____
<input type="text"/>	<input type="text"/>		-	-	NEW _____
<input type="text"/>	<input type="text"/>		-	-	MOTOR # OLD _____
<input type="text"/>	<input type="text"/>		-	-	NEW _____

REPAIR FEES: THERE IS A \$50 INSPECTION FEE PAYABLE UPON PRESENTATION. THIS FEE COVERS DISASSEMBLING YOUR CLEANER AND EVALUATING ANY WORK THAT NEEDS TO BE PERFORMED. THIS \$50 WILL BE APPLIED TOWARDS ANY REPAIR YOU CHOOSE TO HAVE MADE. IF YOU CHOOSE NOT TO HAVE YOUR CLEANER REPAIRED, YOU MUST PICK UP THE CLEANER WITHING 30 DAYS OR WE WILL DISPOSE OF THE UNIT.

REPAIR ALLOWANCE: WE REQUIRE A REPAIR ALLOWANCE ON ALL REPAIRS. THIS ALLOWANCE PERMITS OUR TECHNICIANS TO AUTOMATICALLY REPAIR YOUR CLEANER DURING THE INSPECTION IF THE REPAIR FALLS WITHING THE ALLOWANCE RANGE. IF THE REPAIR WILL EXCEED YOUR ALLOWANCE, YOU WILL BE CONTACTED FOR WORK AUTHORIZATION. PLEASE INITIAL AN ALLOWANCE RANGE BELOW.

UP TO \$300 \$301 - \$400 \$401 - \$500 \$501 - \$600 CALL WITH ESTIMATE

IT HAS ALWAYS BEEN OUR POLICY TO PROVIDE YOU WITH ALL OLD PARTS UPON REPAIR. BECAUSE OF LIMITED SPACE AND CUSTOMER CONVENIENCE, PLEASE INDICATE BELOW IF YOU WOULD LIKE

I WOULD LIKE ALL OLD PARTS REPLACED RETURNED TO ME ON PICK UP (EXCEPT ELECTRIC MOTORS) I DO NOT WANT ANY OLD PARTS RETURNED ON PICK UP.

I HAVE READ ALL OF THE ABOVE AND UNDERSTAND ALL TERMS. I AUTHORIZE DOLPHIN LEISURE PRODUCTS, INC. TO DISPOSE OF MY CLEANER IF I DO NOT PICK UP THE CLEANER WITHING 30 DAYS.

X

**WE DO NOT
ACCEPT CHECKS**

PARTS TOTAL	-
LABOR	-
TOTAL REPAIR	-
SALES TAX	-
GRANDTOTAL	-
DEPOSIT	-
BAL DUE	-

CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL			BUSINESS	
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
IDENTIFICATION	
RELATION TO OWNER	
TYPE OF CHARGES	
AUTHORIZED AMOUNT	
DATES OF CHARGES	

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card reference above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	