



OFFICE USE ONLY	
Accounting Office	
Date Received:	_____
Service Office	
Date Received:	_____
Activation Date:	_____

**COLLIER COMPANIES PREFERRED CUSTOMER PROGRAM
2008 RESIDENTIAL SERVICE AGREEMENT**

Please select one of the following options according to the number of active zones in your system. This contract includes both activation and winterization.

Discount Rate for Prepayment *

- 1-9 zones \$160.00
- 10-15 zones \$190.00
- 16-24 zones \$210.00
- over 24 zones \$250.00

*Must receive payment prior to scheduling to receive discount.

Regular Rate for Payment at Time of Service*

- 1-9 zones \$180.00
- 10-15 zones \$210.00
- 16-24 zones \$260.00
- over 24 zones \$300.00

* Payment must be paid at time of service OR credit card number on file.

Activation: Turning on the water, programming the controller, cycling through each zone, checking & making all head adjustments. **DOES NOT INCLUDE REPAIRS NEEDED TO THE SYSTEM.** If repairs are needed at time of activation, they will be billed on a quarter hour basis for labor plus any parts used. 20% off on parts

Winterization: Purge the water in the lines to prevent freezing. Collier Companies will not be responsible for damages due to freezing. **DOES NOT INCLUDE REPAIRS NEEDED TO THE SYSTEM.** If repairs are needed at time of winterization, they will be billed on a quarter hour basis for labor plus any parts used. 20% off on parts

We will contact you by phone or mail with your scheduled date. The technician will need access to the control box panel and crawlspace for your scheduled date. If your controller is located inside of the home, you will need to make arrangements for someone to be present for our visit. We will provide you with a reminder call prior to your scheduled date.

*Your service agreement guarantees an automatically scheduled appointment for each service above.

If no access is provided on the scheduled date, a \$30.00 trip charge will be assessed.

Please mail a signed copy of your 2008 service agreement with your check or credit card number information to the address below. This agreement will not go into effect until signed contract is received. This contract will terminate at the end of the 2008 year. A 20% administration fee will be deducted from contract price if a refund is requested.

Check here if you prefer to pay at the time of service at the regular rate.

Accepted _____		_____	
Print Name		Signature (Required)	
_____		_____	
Billing Address		Day Number	Evening Number
_____		_____	_____
City	Zip Code	Email	
_____	_____	_____	
Subdivision	Lot-Section	Builder	Closing Date (if within a year)
_____	_____	_____	_____

Address of Service (if different than above) _____

SYSTEM INFORMATION **Required

Control panel location: garage shed inside of home other _____

Control box panel type: Hunter Toro Rainbird other _____

Backflow location: (Brass Device) inside- crawlspace basement or outside- beside house street

PAYMENT OPTIONS

Check: check number: _____ **Amount: \$** _____

Credit Card: (confidential information) or pay online with a credit card at www.thecolliercompanies.com

Name as seen on card _____ Type of Credit Card: Master
 Visa Discover

Credit Card Number _____ - _____ - _____ - _____ Exp. ____/____

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Disclaimer: Collier Companies Irrigation, Sod & Lighting is not responsible for damages due to neglect or misuse of your system.