

PREMIER IRRIGATION ANNUAL SERVICE AGREEMENT

Premier Irrigation PO BOX 2987 Chesterfield, VA 23832 (804) 400-3736 Fax (804) 318-1395

This Service Agreement between Premier Irrigation and _____ (client) is valid for one season, beginning at signing date, Which shall includes one of each of the following Services. Premier Irrigation agrees that this Service Agreement will consist of all labor for the following services.

1. Annual Spring Activation

- a. Check performance of all valves and sprinkler heads.
- b. Run system to check irrigation coverage.
- c. Make all adjustments and nozzle changes as needed.
- d. Reprogram irrigation controller.

2. Annual Winterization Starting On November 1st.

- a. Clear out all irrigation lines by introducing compressed air into the entire system.
- b. Winterize backflow prevention device.
- c. De-activate irrigation controller.

(Premier Irrigation is not and will not be responsible for any damages to the system due to freezing).

This Service Agreement also provides you with the following additional benefits:

- ✓ Priority emergency service visits within a 48-hour period, year-round.
- ✓ Priority scheduling for repair work as needed. Repair work includes irrigation system repairs for sprinklers, valves, controllers and irrigation Lines.
- ✓ Priority scheduling for new projects. Including: additional irrigation lines, new controller, valves, sprays or rotors, weather sensors, remotes Or any automated irrigation management.

4. Discounts:

- a. Repair work: (\$75.00 minimum service is billed) \$75.00 per hour thereafter or \$40 per half hour. 20% off of parts and materials.
- b. New Projects: 20% discount on parts and material installation of new sprinklers, valves controllers and irrigation lines. Regular hourly rates apply. (New systems or add on(s) will be affixed for at a flat fee).

Note: Activation and Winterization does not include repairs needed to your irrigation system.

Annual Payment Plan: Service Agreement charges are due in advance of service

*Please select the appropriate Box associated with your irrigation system.

- ☐ \$ 160.00 – 9 zones or less
- ☐ \$ 190.00 – 10-15 zones ☐ Add \$ 75.00 for Annual Backflow Preventer Testing.
- ☐ \$ 220.00 – 16-24 zones
- ☐ \$ 250.00 – 24 or more zones

Location of your irrigation controller: ☐ Inside your home ☐ Outside mounted on house ☐ Inside garage or shed

The type of controller: ☐ Toro ☐ Rain Bird ☐ Hunter ☐ Other _____ Model _____

Location of Backflow Preventer: Outside ☐ Crawl Space ☐ Street ☐ Basement ☐ Other _____

TERMS

I agree to pay \$_____ for the total contract cost of the Service Agreement. I have enclosed payment in full and accept with no undue delay each of the above.

I agree that this Service Agreement will automatically renew each year on the same date as the initiation date of this contract and shall continue thereafter, for the period of One (1) Season unless cancelled within 30 days in writing prior to the renewal date. I agree to promptly render payment upon receipt of annual renewal invoice.

There will be no refunds of payment. A Thirty dollar (\$30.00) fee will be charged for any returned checks.

I GIVE AUTHORIZATION FOR PREMIER IRRIGATION TO PROVIDE THE ABOVE CONTRACTED SERVICES. IN THE EVENT I AM NOT AT HOME FOR A SCHEDULED APPOINTMENT, SERVICES MAY STILL BE PERFORMED WITHOUT FURTHER ADUE. IF ACCESS OF THE SYSTEM IS NOT READILY AVAILIALE TO THE SERVICE TECHNICIAN, I AGREE TO PAY ADDITIONAL COST OF \$30.00, FOR A RETURN SERVICE CALL THIS AGREEMENT GUARANTEES YOU WITH A SCHEDULED APPOINTMENT FOR SERVICES STATED TO YOU IN THIS CONTRACT.

Accepted:

Name (Print)

Signature (required)

Date

Billing Address:

City

State

Zip

Daytime Phone

Evening Phone

Email _____

Subdivision _____

Spring _____

Winter _____

This Service Agreement includes 1 hour for all contracted services. Additional labor charges will be billed extra.

Premier Irrigation is NOT responsible for damages due to inclement weather, neglect or misuse of your system.

Please visit us on the Web at: **WWW. PREMIERIRRIGATION-VA.COM**

Payment Options:

- ☐ **Check:** Check number _____
- ☐ **Credit Card:** (Secured Information)

Name as seen on Card _____ Type Of Card: ☐ Master Card ☐ Visa ☐ Discover

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

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