



SilkBalance® Customer/Dealer Home Auto Ship (HAS) Program

Between _____ (Customer)

and **McAlarneys Pool and Spa** _____ (Vendor Dealer)

Terms of Agreement:

1. The undersigned acknowledges the document herein is a **pre-arranged shipment agreement only**.
2. The undersigned agrees to have **1 (76 oz) bottle of SilkBalance®** automatically sent to his/her specified address provided below, in accordance to the prescribed dose and usage outlined in the instruction manual provided with **SilkBalance®** beginning on the start-up date of _____.
3. The Customer furthermore authorizes the automatic renewal of **1 (76 oz) bottle of SilkBalance®** to be shipped every _____ months thereafter.
4. The undersigned acknowledges additional sanitizing products are required with use of SilkBalance as described in the instruction manual.
5. This agreement may be terminated by either party for failure to meet obligations by submitting a 30 day notice in writing prior to the anniversary date of the first and/or last shipment received and sent to the Vendor Dealer by registered mail, fax or email.

Name of Representative Title _____

Name of Customer

Date _____ Initial _____

Date _____ Initial _____

Dealer Service and Commitment:

1. Dealer agrees to provide an immediate response to customer inquiries or customer problems.
2. SilkBalance® makes no claim of being a sanitizer product or any capability thereof.
3. SilkBalance® for Spas is solely a water balancing and stabilizing methodology to be used with a sanitizer product.
4. Results may vary slightly depending on water characteristics.
5. "SilkBalance for Spas" is guaranteed only when used for the purpose for which it is intended.
6. SilkBalance is guaranteed satisfaction to our end users.

In the event that SilkBalance fails to perform, an inquiry must be made by the customer within 3 weeks after purchase date by contacting the above mentioned Dealer to resolve any issue. Guarantee details are provided in the retail shipping box.

Dealer Name: _____

Customer: _____

Address: _____

Address: _____

City _____ Zip: _____

City _____ Zip: _____