AQUATIC WEED CONTROL
P O BOX 325
SYRACUSE, IN 46567
574-533-2597

2025 AquaticClear Water Circulator Pricing and Order Form

Customer Name:

Billing Street or PO Box Address:

Billing City, State, Zip:

Shipping Street Address (if different):

Shipping City, State, Zip:

Email:

Phone:

All packages come with the newest clog resistant 120v KASCO AquatiClear circulator unit, power cord, and Universal Mount Kit. Please mark the box next to the unit power and cord length of your choice. Your unit will be shipped to you for self-installation at the shipping address shown above. Shipping charges are included in the unit pricing shown in the charts below.

Aquatic Clear Unit	25' Power Cord	50' Power Cord	100' Power Cord	150" Power Cord
1/2 H.P. Unit	☐ $1,490	☐ $1,531	☐ $1,719	☐ $2,519
3/4 H.P. Unit	☐ $1,604	☐ $1,645	☐ $1,827	☐ $2,627
1 H.P. Unit	n/a	☐ $1,830	☐ $2,347	☐ $3,419

*Above prices include shipping.   **1" pipe not included, but available at your local hardware store.*

Signing and returning this document will authorize Aquatic Weed Control to charge your Visa or Mastercard card for the amounts listed above to complete the sale of goods.

Signature:_____   Date:_____

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

Mastercard or Visa

Check Number:_____

Thank you for your order!

AQUATIC WEED CONTROL
P O BOX 325
SYRACUSE, IN 46567
574-533-2597

2025 AQUATICLEAR RETROFIT KIT PRICING AND ORDER FORM
UPDATE YOUR OLD UNIT'S BLADE GUARD TO THE NEW CLOG RESISTANT MODEL

Customer Name:

Billing Street or PO Box Address:

Billing City, State, Zip:

Shipping Street Address (if different):

Shipping City, State, Zip:

Email:

Phone:

QUANTY NEEDED	ITEM DISCRIPTION	DROP SHIP PRICE
	Aquaticlear Conversion Kit - 1/2 HP	$325
	Aquaticlear Conversion Kit - 3/4 HP	$325
	Aquaticlear Conversion Kit - 1HP	$325
	*Sales Tax Not Included ** Shipping Cost Is Included	

Signing and returning this document will authorize Aquatic Weed Control to charge your Visa or Mastercard card for the amounts listed above to complete the sale of goods.

Signature:_____   Date:_____

Credit Card Number:_____   Exp. Date:_____/_____

Mastercard or Visa

Check Number:_____

Thank you for your order!