

Card authorization form

I, _____, give permission to POOL DOCTOR SERVICE & SUPPLIES, INC. to charge
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Account Number _____ Cardholder email _____ POOL SERVICE AND REPAIRS
Product/service _____

All fields required

Card information

Card type

MasterCard Discover VISA AMEX

Other

Cardholder (Name on card) _____

Card number _____

Expiration date (MM/YYYY) _____ ZIP code (From credit card billing address) _____

Recurring payments information

Week charge on _____ Monthly charge on _____ Quarterly charge on _____ Other _____

MONTHLY POOL SERVICE WILL BE CHARGED ON THE 1ST OF EACH MONTH

VARIES - MONTHLY POOL SERVICE AND AUTHORIZED REPAIRS

Payment amount _____

To cancel, contact: INFO@MYPOOLDOCTOR.COM

Product/service sold _____

CANCELLATION MUST BE RECEIVED BEFORE THE 1ST IN ORDER TO STOP THE RECURRING PAYMENT. REPAIRS WILL BE CHARGED AS THEY ARE COMPLETED AND INVOICED.

Terms of agreement _____
(For example, cancellations must be received 1 week prior to expected billing date)

_____ Customer signature

_____ Date