



CREDIT/DEBIT AUTHORIZATION FORM

NAME (as appears on card): _____

CREDIT/DEBIT CARD #: _____

TYPE OF CARD: VISA MASTERCARD

EXP DATE: ____/____/____

3-Digit Code: _____

A statement will be sent to you via email to the address listed below on/near the 10th of each month. This statement will include the monthly service charge and any extra charges that may have been incurred since your last statement.

PLEASE REVIEW YOUR STATEMENT EACH MONTH. If we do not hear from you with a dispute of the charges, the amount listed on the statement will be charged to your credit/debit card on/near the 25th of that month.

By signing below you are authorizing Aqua Pool Company, Inc. to charge your credit/debit card each month for the amount listed on the statements.

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____