CREDIT CARD AUTHORIZATION FORM



Pocono Pool & Spa, LLC - 6382 Route 191 - Cresco PA 18326

Telephone (570) 595-9070 - Fax (570) 595-5086



Email: service@poconopoolandspa.com

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

By signing this form, I authorize Pocono Pool & Spa to charge the following credit card in accordance with the option selected below. Customer understands that, unless otherwise specified, service calls are billed at the rate of \$125/hour for the Lead Technician and \$75/hour for the Assistant Technician (if needed). Minimum one hour of billing for all service calls. Travel charges are billed at the prorated rate of \$125/hour plus \$5 fuel surcharge.

Rates are subject to change.

Customer Name:	
Card Holder Name:	
Billing Address:	
	Expiration Date:
CC	CV:
CCV is located on back of card for Mast	tercard, Visa & Discover (3 digits); on front of card for Amex (4 digits).
	VIDE ONLY THE LAST 4 DIGITS OF YOUR CARD NUMBER
	FULL CARD NUMBER UPON SUBMISSION OF THIS FORM.
SENSITIVE INFORMA	TION IS SECURED BY AN ENCRYPTED SYSTEM.
PLEASE CHOO	OSE <mark>ONE</mark> OF THE OPTIONS BELOW:
☐ Authorized to process Credit Card	d immediately following service.
	eld on file and payment to be made within 15 days of invoice date. 15 days, Pocono Pool & Spa is authorized to process credit card for ormed.
WILL BE WITHHELD AN	TOMER UNDERSTANDS THAT ALL FUTURE SERVICES ID RETAIL PURCHASED WILL BE PROHIBITED IF NABLE TO COLLECT PAYMENT FOR BALANCES DUE.
	OPTION CHOSEN ABOVE, A VALID CREDIT CARD ICE TO GUARANTEE PAYMENT FOR ALL SERVICES.
SENSITIVE INFORMATIO	N IS SECURELY ENCRYPTED AND NOT ACCESSIBLE.
ALL INVOICES ARE SENT ELECT	TRONICALLY VIA EMAIL UNLESS OTHERWISE REQUESTED.
	THANK YOU!
Y Signature:	Date: