

Credit Card Payment Authorization Form

Customer Information (Please Print)

Name: _____

Email Address: _____ Contact Number: (____) _____

By providing your email address to us, we will send you receipts, invoices and statements along with any other information related to your account, via email.

Authorization of Payments:

We will charge your credit card for the total amount of your contract price. You will receive a receipt via mail or email, after the charge has been approved.

Check here to authorize payments of your Contract Price

Recurring Payments:

For your convenience, we will automatically bill your credit card for the amount indicated on your invoice or statement.

Check here to sign up for Recurring Payments

Credit Card Information

Card Type: Visa _____ MasterCard _____ Discover _____ American Express _____

Cardholder Name: _____

Card Number: _____ Expiration Date: _____ CVV code: _____

On back of card (last 4 on AMEX)

Billing Address: _____ Billing Zip Code: _____

Signature _____ Date: _____

I authorize Pacer Pool Service & Supplies, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Pacer Pools in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that all expenses will be charged to this card on my behalf and these may include additional charges from previous months.

I certify that I am an authorized user of this credit card.

THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELLED BY THE APPLICANT WITH WRITTEN NOTICE.

OFFICE USE ONLY

Received Date: _____ Account # _____ Filed Date: _____