

THE POOL PRO

One-Time Credit Card Billing Authorization Form

Complete the Credit Card information section below and sign the form. All requested information is required. We will bill your credit card for the amount indicated.

Customer Information

Customer Name:	Address:	Phone:
Email Address:		

Can we send your invoices and statements via Email? _____

Service Provided:

Payment Information

I authorize The Pool Pro to bill my credit card in the amount below for the services listed above.

Amount: \$ _____

Credit Card Information

The Pool Pro accepts: **Visa, Master Card, Discover, and American Express**

IF YOUR CREDIT CARD IS ALREADY ON FILE WITH US ALL THAT IS REQUIRED IS YOUR SIGNATURE IN THE BOX BELOW.

Credit Card Type:	Credit Card Number:	Expiration Date:
Name As It Appears On Card:		Billing Address Including Zip Code (Required)
Customer Signature:		Date:

Return To:
 The Pool Pro
 739 Tressy Avenue
 Glendora, CA 91740
 Phone: (626) 914-8066 Fax: (626) 914-0966 Email: Don@ThePoolPro.com