

**Credit Card Authorization Form**

**Thank you for choosing Supreme Pools for your pool/spa needs. Please fill in all of the following information, and sign, date and return the completed form to our office.**

**14900 Magnolia Blvd #57343 S.O, CA 91413 | (818) 920-6468 | email:** **reachsupremepools@gmail.com**

Pool Owner’s Name:

Address: City: State: Zip: Describe Service/ Repair:

Name exactly as it appears on card: Credit Card Number: Expiration Date: CID # Amount to Apply: Cardholder’s Address: City: State: Zip:

Billing Address: City: State: Zip:

Name of Cardholder:

Home Phone: Cell Phone: Best Time To Call: Email Address:

Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Supreme Pools to charge my credit card, for maintenance, service, repair calls, and all items required to maintain the pool and/or spa located at the above referenced job location. Supreme Pools will provide me with an itemized statements/Invoices detailing all of my charges.

I further agree that in the event my credit card becomes invalid, I will provide Supreme Pools with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Supreme Pools.

Yes, please sign me up for automatic payment each month by using the credit card given above.

No, Please keep card on file and charge when authorized by me.

**By signing this agreement I authorize Supreme Pools the right to charge my credit card.**

**Signature: Date: Printed Name:**

Supreme Pools accepts payment in a variety of ways. Payments are due upon completion of work. Supreme Pools reserves the right to charge the credit card above for all outstanding balances. **Any invoice disputes must be done within 10 Days of invoice date or charge will be deemed valid.**