

ASHWORTH



3335 E. Miraloma Ave., Suite 147
Anaheim, CA 92806
714-515-5701

MONTHLY RECURRING Credit Card Authorization Form

THIS CREDIT CARD IS A: VISA MASTERCARD DISCOVER

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

CARD SECURITY CODE (CV2) _____

NAME (as it appears on the credit card) _____

BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement)

Address _____

City _____ State _____ Zip _____

I authorize Ashworth Pool Care to charge my credit card monthly for payment of all parts and services due. If Ashworth Pool Care is unable to process my payment, I will be responsible for an alternative payment arrangement and any resulting processing or late fees that may be incurred. I understand that all expenses will be charged on my behalf and these may include additional charges from any previous months. I agree that if I have any problems or questions regarding my account or any services provided by Ashworth Pool Care, I will contact Ashworth Pool Care for assistance using the contact information on their website at www.AshworthPoolCare.com. I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Ashworth Pool Care. By signing this authorization, I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Ashworth Pool Care. This agreement remains in effect until canceled by the card holder with written notice at least 30 days in advance of the cancelation date.

Signature

Date