



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 in a separate maintenance or renovation contract, general service calls are billed at the rate of \$130/hour for the Lead Technician and \$80/hour for the Assistant Technician (if needed). There is a minimum of one hour of billing for all service calls. Travel charges are billed at the prorated rate of \$130/hour. Rates are subject to change.

Customer Name: _____

Card Holder Name: _____

Billing Address: _____

Last 4 Digits of Credit Card: _____ Expiration Date: _____

CCV: _____

CCV is located on back of card for Mastercard, Visa & Discover (3 digits); on front of card for Amex (4 digits).

**FOR SECURITY PURPOSES, PROVIDE ONLY THE LAST 4 DIGITS OF YOUR CARD NUMBER.
PLEASE CALL US WITH YOUR FULL CARD NUMBER UPON SUBMISSION OF THIS FORM.
SENSITIVE INFORMATION IS SECURED BY AN ENCRYPTED SYSTEM.**

PLEASE CHOOSE ONE OF THE OPTIONS BELOW:

- Authorized to process Credit Card immediately following service.
- Credit card information is to be held on file and payment to be made within 15 days of invoice date. If payment is not received within 15 days, Pocono Pool & Spa is authorized to process credit card for balance due on the service(s) performed.

BY SIGNING THIS FORM, CUSTOMER UNDERSTANDS THAT ALL FUTURE SERVICES WILL BE WITHHELD AND RETAIL PURCHASES WILL BE PROHIBITED IF POCONO POOL & SPA IS UNABLE TO COLLECT PAYMENT FOR BALANCES DUE.

REGARDLESS OF THE OPTION CHOSEN ABOVE, A VALID CREDIT CARD IS REQUIRED IN ADVANCE TO GUARANTEE PAYMENT FOR ALL SERVICES.

SENSITIVE INFORMATION IS SECURELY ENCRYPTED AND NOT ACCESSIBLE.

ALL INVOICES ARE SENT ELECTRONICALLY VIA EMAIL UNLESS OTHERWISE REQUESTED.

THANK YOU!

XSignature: _____ Date: _____