



Customer Name: \_\_\_\_\_

### Credit Card Authorization Form for Winter Service Plan

Please complete all fields. You may cancel this authorization any time by contacting us. This authorization will remain in effect until cancelled.

If you prefer to pay by check, indicate that on this form. **However, we still require a card on file for bills overdue past 30 days. Please sign here to acknowledge that you agree that we have permission to charge your card for balance due bills past 30 days.** X

Credit Card Information
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
CVV: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize CASCADE POOL SERVICE, LLC. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions if needed on my account. I understand that bills 30 days past due will be charged to my card.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

If you have questions about your bill or would like to set up a different payment plan, feel free to call us.  
Office: (215) 657-POOL

Customer Initials \_\_\_\_\_