



## Credit Card Authorization Form

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK/CELL: \_\_\_\_\_

SUBTOTAL OF SERVICES: \_\_\_\_\_ HST: \_\_\_\_\_ TOTAL: \_\_\_\_\_

METHOD OF PAYMENT: VISA:  M/C:

CREDIT CARD # \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ 3 DIGIT CODE (ON BACK OF CARD) \_\_\_\_\_

**Recurring Credit Card Payment Plan - Pre Authorization Form**

I, \_\_\_\_\_, authorized The Pool Craft Ltd, to bill my credit card on a monthly basis, in accordance to their billing procedures. I understand that the 30th of each month is when the monthly balance of my account will be processed. I will inform Pool Craft of any changes on my credit card. All Credit Card information is kept on file with your confidential client information and kept secure.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THANK YOU FOR YOUR BUSINESS  
Please return completed form by mail, fax, or email.  
561 Edward Ave. Unit 16 Richmond Hill, Ont L4C 9W6

P: 905-884-2720 or F: 905-884-2780  
service@poolcraft.ca / www.poolcraft.ca