



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: _____ CVV (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 email or mail.

561 Edward Ave. Unit 16 Richmond Hill, ON L4C 9W6

P: 905-884-2720

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