



Credit Card Authorization Form

PLEASE PRINT and SUBMIT SEPARATLY

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

Card Type: MasterCard VISA Discover AMEX Other _____

Name as shown on card _____

Credit Card Number _____ Exp Date _____

CVC code 3 or 4 digit _____

Billing Street address _____ City _____

State _____ ZIP code _____

By submitting this card as a method of payment, you are authorizing an approval/deposit to be secured to your account. The amount of the approval/deposit will be deducted from your account, thus reducing your available balance. The approval amount will be a deposit on the services requested. The amount of the deposit will be the base opening/closing base charge of \$220.00. The card will be charged 48-72 hours PRIOR to your confirmed *scheduled date of service* to verify an active card. After the services have been completed, your card will be charged the cost of any additional services, parts or supplies as outlined in the opening/closing request forms.

I authorize *Aqua-Ducks LLC* to charge my credit card above for agreed upon services and supplies. Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. Aqua-Ducks LLC will keep all information entered on this form strictly confidential and stored in accordance to PCI compliance standards. I understand that my information will be saved to file for future transactions on my account.

By submitting this form, I acknowledge that my liability for these charges will not be waived, and that I will be held personally liable in the event that the issuing institution refuses to pay the full amount.

SIGNATURE _____

FAX 610-614-0441

DATE _____

Service@myaquaducks.com

Mail:

AquaDucks Pool Service
4628 Stafford Ave
Bethlehem, PA 18020