



RECURRING CREDIT CARD FORM

Please fill in the information and sign below.

Print Name: _____

Phone Number: _____

Email: _____

Credit Card Type (Check One): MasterCard Visa Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Security Code: _____

Expiration Date: _____ / _____

Credit Card Holder's Name (print): _____
(Exactly as it appears on the credit card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: _____ - _____ - _____ Ext: _____

I authorize POOLOSOPHY, LLC to initiate a recurring charge to the credit card indicated above for the total amount due each month for services. I also authorize charges for any additional related services that I may incur. Charges to my account may vary. We will be provided notice if the charges exceed \$100.00.

I understand that I may cancel my recurring charge upon written notice to POOLOSOPHY, LLC allowing thirty days (30) time for action on my cancellation notice.

Card Holder Signature _____ Date _____

Highly Confidential