



ANNUAL CREDIT CARD AUTHORIZATION FORM

Credit Card Information:

Name as it appears on the card (please print):

Type of Card (select one):

- VISA
- MASTERCARD
- DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Security Code (3 Digit CVC#): _____

Credit Card Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Card Holder Telephone Number: () _____ - _____

I, _____ understand Aquamatic East Coast (AEC), LLC and Pool Safety Services requires a credit card on file prior to scheduling services, ordering cover replacements, units, or parts. Furthermore, I request AEC keeps my credit card on file for the service year (defined as January 1 - December 31 of the current year) to use on future services throughout the year as needed. Final payments will be due upon completion of AEC's scope of work and, if a check is not provided when our technicians complete their work, the remaining balance due will be billed to the above credit card. Payment terms are not provided. **I understand AEC will run a \$300 transaction on the credit card provided to validate the card's information. This verification transaction will not have a 4% processing fee associated with it and the \$300 charge will be deducted from the final balance you owe to AEC. (This does not apply to material purchases)**

I understand that all credit card transactions, except the \$300 verification charge, will have a 4% transaction fee added to the invoice balance.

Card Holder Signature: _____ Date: _____