

Advantage Pool Management, LLC CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT VIA EMAIL, FAX OR DIRECTLY IN PERSON.

Cardholder Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____

Cell Phone: _____

Email (for receipt): _____

Credit Card Type: _____ *VISA* _____ *M/C* _____ *DISCOVER* _____ *AMEX*

Credit Card Number: _____ / _____ / _____

Expiration Date: _____ / _____

Billing Zip Code: _____ CCID (last 3 digits located on the back of the credit card): _____



*** I authorize Advantage Pool Management, LLC to charge my credit card provided herein for pool maintenance, pool equipment repairs, and any other applicable and approved charges. I agree that I will pay for these purchases in accordance with the issuing bank cardholder agreement. ***

Authorized Signature: _____

Today's Date: _____

Advantage Pool Management, LLC

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