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LIC # 13VH001117900

Credit Card Consent Form

Instructions

- 1) Choose as many options for authorization as you want.
- 2) Fill out all the Credit Card information including the CVC code and correct billing address
- 3) Return to the office via, email or mail
- 4) Please read the terms and conditions associated with our Services.

Services

Opening	
Initial Cleaning	
Service Calls	
Maintenance (Vacuuming)	
Closing	

Visa

MC

AMEX

DC

Billing Information

Name _____

Card # _____ CVC _____ Exp Date _____

Billing Address _____

Signature _____

Pool Address (if different) _____

The Pool & Spa Doctor LLC honors our customer's privacy and any/all information shared with us is confidential & protected.

By signing the above document you are authorizing The Pool & Spa Doctor LLC to run your credit card for any/all services. You can cancel this at any time, but you will be held responsible for any/all unpaid balances that you may have. If your credit card on file is declined we will notify you, and it is your responsibility to give us the new correct information, or use another form of payment. If you fail to do so your account will be subject to all of The Pool & Spa Doctor's terms and conditions, which include but are not limited to late fee's and refusal of service.

I have read and fully understand the conditions set forth by The Pool & Spa Doctor LLC **Initial & Date** _____