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732.681.0532 office
contact@thepoolandspadoc.com
www.poolandspadocnj.com LIC # 13VH001117900

Pool & Spa Doctor
RESIDENTIAL - INSTALLATION - RENOVATION - SERVICE - REPAIR
OVER 40 YEARS EXPERIENCE

Credit Card Consent Form

A completed Credit Card Consent Form is required for all customers with a Maintenance Contract.

- If payment is not received within **10 days** of the invoice date, the credit card on file will be charged.
- You may pay by check instead of credit card; however, you must notify us **before the monthly billing date** (the day after your last service of the month). If no notice is provided, the card on file will be charged.
- If the credit card on file is declined, you will be notified. It is your responsibility to provide payment promptly to avoid fees.
- The Pool & Spa Doctor LLC is not responsible for normal wear and tear on equipment or parts, including plastic components exposed to pool water and outdoor elements that naturally deteriorate over time.
- For bi-weekly, monthly, or chemical-only service plans, it is the homeowner's responsibility to maintain equipment and water chemistry between visits.

Billing Information

Name _____

Card # _____ CVC _____Exp Date _____

Billing Address _____

Pool Address *(if different)* _____

The Pool & Spa Doctor LLC respects and protects the privacy of all customers.
Any information provided to us is kept confidential.

By signing this form, you authorize The Pool & Spa Doctor LLC to charge the credit card on file for any and all services rendered. This authorization may be cancelled at any time; however, you remain responsible for any outstanding balance on your account.

If a payment is declined, you will be notified. It is your responsibility to provide updated payment information or an alternate form of payment. Failure to do so will result in enforcement of The Pool & Spa Doctor LLC's Terms & Conditions, which may include, but are not limited to, late fees and suspension of services.

I have read, understand, and agree to the terms stated above.

Signature : _____Date: _____