**One-Time Credit Card Authorization Form**

Please complete all fields. We will not retain the information once your account has been paid

|  |
| --- |
| **Credit Card Information (Please Print)** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover  ☐ AMEX  □ Other |
| Cardholder Name (as shown on card): |
| Card Number: 3-digit security code \_\_\_\_\_\_\_ |
| Expiration Date (mm/yy): |
| Billing Address: |
| City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CA |
| Cardholder ZIP Code (from credit card billing address): |
| Phone Number |
| e-Mail: |

I, \_\_\_, authorize Vern's Pool Service to charge my credit card above for agreed upon purchases. I understand that my information **will not be save**d to file for future transactions once the past due amounts have been paid.

Customer Signature Date

FYI: Payments will be processed through our PayPal E-mail: gaildaley2955@comcast.net