

Credit Card Payment Authorization Form

WESTROCK POOL & SPA 21 North Middletown Road, Nanuet, NY 10954 **Service**: 845-947-4200 • **Fax**: 845-947-4298 • **Store**: Fax 845-623-1156

www.westrockpools.com | service@westrockpools.com

LICENSE NUMBERS Rockland #H-00251-25 Westchester #WC-14560-H03

Putnam #PC2785-A NJ #13VH03130500

Please complete all fields. You may cancel this authorization at any time by contacting us in writing. This authorization will remain in effect until cancelled.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, AMEX or Discover card. You will be charged each service for the total amount due for that period.

Please complete the i	information below:				
	auth palance is due for services ren		tries DBA Westrock Pool a	& Spa to process a charge to my credit o	card at any
☐ I_ but only autho form	autho prize a one-time payment for t	orize Westrock Industr this service. I understa	ries DBA Westrock Pool & and that if I need further	Spa to keep my credit card indicated be service, I will need to fill out an addition	elow on file nal authorization
		Credit Ca	ard Information		
Card Type:	☐ MasterCard	□ VISA	☐ Discover	□ AMEX	
Cardholder Name (a	s shown on card):				
Card Number:					
Expiration Date (mm/yyyy):				CVV#:	
E-mail:					
Cardholder ZIP Code	e (from credit card billing addr	ress):			
service falls on a wee remain in effect until authorization at least rized user of this cred	kend or holiday, I understand I cancel it in writing, and I agi 7 days prior to my next servio	that the payments m ree to notify the busir ce date. This payment	ay be executed on the ne ness in writing of any char authorization is for the t	m according to the terms outlined about business day. I understand that this ages in my account information or term type of bill indicated above. I certify that card company provided the transaction	authorization wil ination of this I t I am an autho -
Customer Signature				Date	