

## **Service Call Request 2023**

LICENSE NUMBERS Rockland #H-00251-25 Westchester #WC-14560-H03 Putnam #PC2785-A NJ #13VH03130500

21 North Middletown Road, Nanuet, NY 10954

Service: 845--947-4200 • Fax 845-623-1156

www.westrockpools.com service@westrockpools.com

Service Needed:				
☐ Service Call \$189.0	00 for the first ho	ur and \$89.00 per	each additional	½ hour (1
hour minimum). Par		•		•
parts are over \$100.00			_	
Services will be performed rain or shine. jobs will be considered satisfactory unles only. Other counties will be charged a \$7 monthly late fee will be charged to all acc information is mandatory. Your card will card authorization form. You will be cha access to your pool/spa and equipment all products and services.	s Westrock is notified in writing 5 trip charge each visit. We can counts delinquent 30 days. Any of the charged once service is compresed a \$75.00 trip fee if you can	within 3 days of service. Prices are not be held responsible for damage court or collection fees become the plete. We will not perform any service on sit	e for Rockland, North Orange ge to liners that are six or mor e responsibility of the homeov vices without a valid credit ca te. We cannot complete our s	e, and Bergen counties e years old. A 1.5% wner. Credit Card ard and a signed credit dervice without full
Please print.		Б. 11	*****	
Name:		E-mail:		
Address including zip code:	C <sub>2</sub> 11	Dhana		
And having a life in a stand		Phone:	1 1	
Address including zip code: Home Phone: Authorized Signature I have read the Service Agreement and ac and conditions.	ecept the terms set forth. Cardh	older acknowledges the contract a	above and agrees to abide by	the credit card terms
Please complete all fields. Yo	remain in	effect until cancelled.		
I any time that my balance is o	authorize Westrock due for services rendered.	Industries DBA Westrock Poo	l & Spa to process a charç	ge to my credit card at
on file but only authorize a or additional authorization form		ndustries DBA Westrock Pool vice. I understand that if I need	& Spa to keep my credit of further service, I will need	card indicated below d to fill out an
Credit Card Information				
Card Type: ☐ MasterCard		□ Discover	□ AMEX	
Cardholder Name (as shown				
Card Number:				
Expiration Date (mm/yyyy):				
Cardholder ZIP Code (from	credit card billing addr	ress):		_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the date of service falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 7 days prior to my next service date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.