

Credit Card Payment Authorization Form

WESTROCK POOL & SPA
21 North Middletown Road, Nanuet, NY 10954

Service: 845-947-4200 • **Fax:** Fax 845-623-1156 • **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 in	nformation below:					
□ I authorize Westrock Industries DBA Westrock Pool & Spa to process a charge to my credit card at any time that my balance is due for services rendered.						
				Spa to keep my credit card ind service, I will need to fill out an		
		Credit Ca	ard Information			
Card Type:	☐ MasterCard	□ VISA	☐ Discover	□ AMEX		
Cardholder Name (as	s shown on card):					
Card Number:						
Expiration Date (mm,	/yyyy):			CVV#:		
E-mail:						
service falls on a week remain in effect until I authorization at least rized user of this cred	kend or holiday, I understand I cancel it in writing, and I ag 7 days prior to my next servi	that the payments m ree to notify the busing the date. This payment spute the scheduled p	ay be executed on the ne less in writing of any cha authorization is for the t	rm according to the terms outling to the terms outling to business day. I understand the second information the second in my account information the second company provided the transfer to the second company provided company	nat this authorization wil or termination of this rtify that I am an autho-	
Customer Signature			_	Date		