CREDIT CARD AUTHORIZATION FORM



Thank you for choosing The Chaikin Ultimate Group for your pool and spa needs. Please fill in all information, and sign, date and return to the appropriate office.

Main Office: 30 Dunton Avenue, Deer Park NY 11729
Fax 631-293-9071 | email service@ultimatepoolcare.com

East End Office: Spring & Summer Activities PO Box 319, Hampton Bays NY 11978

Fax 631-728-1032 | billing@springandsummeract.com

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Pool Owner Name:			<u></u>	
Pool Address:			Zip	
Describe Service/Repair:				
Cardholder Name:		□ VISA □ M	IC AX DISC	
Billing Address:	City	ST	Zip	
Home Telephone	Cell Phone			
Best time to call:	Email			
Card #:	_ Exp:	CVC#		
Amount To Apply: \$	Authorized to keep on	on file?		
Being the cardholder, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Ultimate In Pool Care, Inc. DBA Chaikin Ultimate Pools and/or Spring & Summer Activities to charge my credit card, for maintenance, service, repair calls, and all items required to maintain the pool and/or spa located at the above referenced job location. Ultimate In Pool Care, Inc. DBA Chaikin Ultimate Pools and/or Spring & Summer Activities will provide me with an itemized statement detailing all of my charges. I further agree that in the event my credit card becomes invalid, I will provide Ultimate In Pool Care, Inc. with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Ultimate In Pool Care, Inc. DBA Chaikin Ultimate Pools and/or Spring & Summer Activities. Yes, I authorize automatic payments per payment schedule of Ultimate In Pool Care., Inc. and/or DBA Chaikin Ultimate Pools or Spring & Summer Activities. (Spring & Summer Activities services are payable by credit card only per published schedule) No, I do not authorize automatic payments, however, I agree that if my account becomes 30 days past due Ultimate In Pool Care., Inc. is authorized to charge my credit card for the full amount of the past due balance plus late fees.				
By signing this agreement, I authorize Ultimate In Pool Care, Inc. DBA Chaikin Ultimate Pools and/or Spring & Summer Activities the right to charge my credit card if I fail to abide by the rules of my service or repair agreement the terms of this form. Signature: Date:				
Printed Name:				
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Any invoice disputes must be done within 10 Days of invoice date or charge will be deemed valid.