

# CREDIT CARD AUTHORIZATION FORM



Thank you for choosing The Chaikin Ultimate Group (Ultimate In Pool Care, LLC). Please complete and return!  
**Main Office: Ultimate In Pool Care | KJ Pools | Chaikin Ultimate Pools**  
30 Dunton Avenue, Deer Park NY 11729  
Fax 631-293-9071 | email [service@ultimatepoolcare.com](mailto:service@ultimatepoolcare.com)  
**KJ Pools** email [kjpoolsinc@gmail.com](mailto:kjpoolsinc@gmail.com)  
**East End Office: Spring & Summer Activities**  
PO Box 319, Hampton Bays NY 11978  
Fax 631-~~728-1032~~ | [billing@springandsummeract.com](mailto:billing@springandsummeract.com)

Pool Owner Name: \_\_\_\_\_  
Pool Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Describe Service/Repair: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ | ☐ VISA ☐ MC ☐ AX ☐ DISC  
Pool Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Best time to call: \_\_\_\_\_ Email \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC# \_\_\_\_\_  
Amount To Apply: \$ \_\_\_\_\_ Authorized to keep on file? ☐ YES ☐ NO

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, LLC 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, LLC 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, LLC with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Ultimate In Pool Care, LLC

☐ Yes, I authorize automatic payments per payment schedule of Ultimate In Pool Care, LLC and/or DBA Chaikin Ultimate Pools, KJ Pools or Spring & Summer Activities. (Spring & Summer Activities maintenance is payable by credit card only.)  
☐ No, I do not authorize automatic payments, however, I agree that if my account becomes 30 days past due Ultimate In Pool Care, LLC 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, LLC and its subsidiaries 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:** \_\_\_\_\_

---

**Any invoice disputes must be done within 10 Days of invoice date or charge will be deemed valid.**