

# Island Blue Pool Care

4409 HOFFNER AVENUE ◆ UNIT 289 ◆ ORLANDO, FLORIDA 32812 ◆ (407) 782-0522

## CREDIT CARD AUTHORIZATION FORM

Completing and signing this form, the signer acknowledges and approves that your credit care will be AUTOMATICALLY charged for each month of service provided by Island Blue Pool Care. You may cancel the automatic credit card authorization at any time by notifying our office in writing.

### ADVANTAGES TO AUTOMATIC CREDIT CARD AUTHORIZATION:

- ◆ NO Monthly Invoices
- ◆ NO Checks to Write
- ◆ NO Envelopes to Mail
- ◆ NO Stamps to Purchase

\_\_\_\_\_  
Name on Credit Card

Visa  MasterCard  American Express  Discover  
Card Type

\_\_\_\_\_  
Billing Street Address

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Billing City, State, Zip

\_\_\_\_\_  
Expiration Date (mo/yr)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
CSC Number (3 digits or 4 digits)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

ANY QUESTIONS, PLEASE CALL: (407) 782-0522

