

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

customer merchant

Customer Information (to be completed by merchant)

Customer please fill out top part, Thank You.

Customer/company _____ Customer Address _____ City _____ Zip _____
Contact name _____ Account number _____ First 4 digits of last name and address # _____
Email address _____ Phone (____) _____ - _____ Ext: _____

Payment Information (to be completed by merchant)

I authorize Aqua Clear Pool Chemical Co. Inc. to automatically bill the card listed below as specified:

| Product/service description: | Cost | Description | Cost | Description | | | | |
|--------------------------------|-------------------------------|--------------------------------|---------------------------------|--------------------------------------|--|------------------------------------|-----|------|
| Recurring amount \$ _____ | <u>\$66.00</u> | <u>Chemicals</u> | \$ _____ | _____ | | | | |
| | Cost | Description | Cost | Description | | | | |
| | \$ _____ | _____ | \$ _____ | _____ | | | | |
| Frequency (check one) | <input type="checkbox"/> Once | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice/month | <input checked="" type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | | |
| Start on _____ / _____ / _____ | Month | Day | Year | End on: (check one) | <input type="checkbox"/> _____ / _____ / _____ | Month | Day | Year |
| | | | | <input type="checkbox"/> No end date | | | | |

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover AMEX Other _____

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature _____

Date _____