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## Credit Card Authorization Form

**Thank you for choosing Ultimate In Pool Care & Chaikin Ultimate Pools for pool/spa needs. Please fill in all the information, Please sign, date and return it to our office.  
 30 Dunton Ave., Deer Park, NY 11729/ fax: 631-293-9071/ email: service@ultimatepoolcare.com**

Pool Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Describe Service/ Repair: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_  
 Credit Card Company      Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_ Discover: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CID # \_\_\_\_\_  
 Amount to Apply: \_\_\_\_\_ Keep name on File Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Cardholder's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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 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 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. DBA Chaikin Ultimate Pools 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.

Yes, please sign me up for automatic payment each month by using the credit card given above.

No, I do not want to sign up for automatic payment each month, however, I agree that if my account becomes 30 days past due, I authorize Ultimate In Pool Care Inc. DBA Chaikin Ultimate Pools 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 the right to charge my credit card if I fail to abide by the rules of the 2018 Spring Agreement and the terms of this form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Ultimate In Pool Care, Inc DBA Chaikin Ultimate Pools accepts payment in a variety of ways. Payments are due upon completion of work. Ultimate In Pool Care, Inc. DBA Chaikin Ultimate Pools reserves the right to charge the credit card below for all outstanding balances. **Any invoice disputes must be done within 10 Days of invoice date or charge will be deemed valid.**