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All information will remain confidential

CREDIT CARD AUTHORIZATION FORM

By signing the document below, I authorize **NORTHEAST STONECRETE/SIGNATURE POOL & SPAS** to charge the following credit card for payment of fees, services and/or products which are incurred by my individual account, myself or any member or employee of the firm, partnership or Professional Corporation stated below. I certify that I am authorized to sign this form and am an authorized user of the credit card account stated below.

Name on Card: _____ Date / /

Company Name (If applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email to send invoices/receipts: _____

CREDIT CARD INFORMATION

Type of Card: _____ Visa _____ MasterCard _____ Discover

Card Number: _____ Exp. Date / /

CCV#: _____ Billing Zip Code: _____

Card Holder's Signature: _____

RETURN FORM TO: BY FAX: 401-295-0330, EMAIL: mmartin@signaturepoolandspas.com or upload completed form on our website at <https://signaturepoolandspas.com/credit-card-authorization>

This authorization will be kept on file in the Billing Office and will remain in effect until specifically revoked in writing and/or expiration date of the card has passed. It is the responsibility of the person stated above to contact Signature Pool & Spas if this card has been revoked, canceled or stolen. This authorization may be rescinded at any time by contacting the Billing Office with your written request. Please send your request to kclarke@signaturepoolandspas.com.