

## Kings.pool.spa@gmail.com

2020 Beaver Avenue

Monaca, Pa 15061

P:724-728-8888 F:724-728-5464

## 2025 Credit Card Holder's Authorization Form

We accept Visa, MasterCard, Discover, and American Express

(Name of Cardholder as shown on credit card)

(Type of Credit Card)

(Credit Card Number) Security code on credit card\_\_\_\_\_ (Exp. Date)

By signing this authorization form, I agree that my credit card payment may be processed for the full amount of the invoice upon receipt of the invoice. Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. King's Pool & Spa, Inc. will keep all information entered on the form strictly confidential.

Cardho	lder's	Signature
--------	--------	-----------

:: \_\_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_

I agree that I will notify King's Pool and Spa, Inc. within 7 days of any discrepancies.

\_\_\_\_\_

## This agreement is void after December 31, 2025

## **Paperless Communications**

If you have a different email address that you would like for us to use, please let us know so that we may change it in our system. If we do not have one on file and you would like to share it with us, please do so.

All future transactions, including statements and receipts will now be delivered by email. If there are any changes in the future, please contact us to update your file. King's Pool & Spa will use its best efforts to present all of your electronic statements and receipts promptly. Any discrepancies or disputes regarding the accuracy of your paperless statement or detail must be addressed within 7 days of notification by calling King's Pool & Spa at (724) 728-8888 or emailing kingspoolbilling@gmail.com.

	Name:		-
Email: _			
Signature:		Date:	
By signing the ab	oove line, you are authorizing King's Po	ool and Spa, Inc. to deliver all stat	ements and receipts

to the provided email address