

VISA*MASTERCARD*AMERICAN EXPRESS*DISCOVER
MONTHLY PAYMENT / YEAR IN ADVANCE
AUTHORIZATION FORM

Please charge my monthly/yearly payment to the credit/debit card listed below:

Card Type: V ___ MC ___ AMX ___ DISC. ___

Card Number: _____

Expiration Date _____ CVV2 Code _____

The monthly deduction should be debited on the 1st or 15th of each month. (Circle One)

Initial _____

The yearly deduction should be debited on the anniversary date of the yearly payments.

Initial _____

This agreement shall continue until cancelled by written notice.

Initial _____

Signature _____

Date _____

Address _____

Home # _____

Work # _____

Fax # _____

Metro Pool Chemical Account Number _____

***If you would like to keep your account at a zero balance.

Initial _____

(Meaning your statement will show a zero balance for the month being billed)

If you have any questions, please feel free to contact our office at anytime.

Please return this form as soon as possible in order to process your credit card before statements are processed.

You may return this form to the address below, fax, or email.

Metro Pool Chemical
451 Sansom Blvd.
Saginaw, TX 76179

817-232-8400
817-232-8459 fax
melissa@metro-pool.com

*****THIS IS AN OPTIONAL FORM OF PAYMENT*****