



CREDIT CARD AUTHORIZATION FORM:

- * *If you choose to pay **BY CHECK IN FULL** you do **NOT** need to complete any information below*
- * *If you choose a package and want to pay by credit card, indicate amount to charge in space provided*
- * *PLEASE BE VERY CLEAR WHETHER TO CHARGE CARD IN FULL OR MONTHLY*

IN FULL PLAN \$ _____

MONTHLY PLAN- charge **\$158.00 automatically** on my credit card for 4 wks ProChem /or amount \$ _____
for additional services, or outer limits plans

I, _____, authorize Little Richard's Pools & Spas, Inc. to charge my credit card for the full amount of my chemical plan, OR every 4 weeks in accordance with the plan I have chosen. If I chose to pay monthly by check, and my payment is 30 days past due, I give Little Richard's Pools & Spas, Inc. consent to charge my card on file for the past due amount.

Credit card number: _____

Full legal name on card: _____

Full address of cardholder: _____

Exp. Date: _____

Security code: _____

AUTHORIZED SIGNATURE: _____

If you do not want to mail credit card information, you can fax, or email me the information, but I will need your information in writing, along with signature.

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| PROCHEM MONTHLY PAYMENT=\$158.00 | FROM: _____ |
| Send to: 9961 SW 15th Street Towanda KS 67144 | Amount enclosed: \$ _____ |

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