



Credit Card Authorization Form

I authorize Empire Pools to charge my payment, per specifications outlined below, to my credit card.

Type of Card: Discover _____ Mastercard _____ Visa _____ Amex _____

Charge my credit card for: _____ This payment only of \$ _____

-OR-

_____ This payment of \$ _____, plus monthly payments of \$ _____ for _____ months

Card # _____ - _____ - _____ - _____

Exp. Date _____ Security Code _____ Driver's License ID# _____

Cardholder's Name _____

Address _____

City _____ State _____ Zip Code _____

All charges on your credit card statement will appear as "Empire Pools Inc". Notice of paying by credit card must be received on or before the date of your opening/closing. All credit card charges are subject to a \$5 processing fee.

SIGNATURE _____ **Date** _____

The individual signing this represents that he/she is duly authorized to sign this credit card authorization as the authorized credit card holder . In addition, he/she does acknowledge and accepts the terms and conditions set forth by Empire Pools, Inc., which includes prompt payment. If collection procedures should be required, you agree to pay cost thereof including reasonable attorneys fee. Empire Pools reserves the right to refuse service if credit card authorization is denied or advance payment is not received prior to the time of service.