



www.DelSolPoolService.com

**Credit Card / Electronic Check  
Authorization Form**

Phone: (480) 272-7260  
Please email this form  
to [delsolpoolservice.com](mailto:delsolpoolservice.com)

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

I, \_\_\_\_\_, authorize Del Sol Pool Service and Repair, Inc. to charge my credit card the following:

- This is a one time charge
- This is a reoccurring charge for service

Amount to be charged: \$ \_\_\_\_\_ for regular monthly service fee plus charges in full for any additional services or parts in installed.

**Credit Card Information**

Credit Card:     MasterCard            Visa            American Express            Discover  
(please circle one)

Credit Card or Check Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_  
(month)(day)(year)

Billing Address: \_\_\_\_\_

City , State: \_\_\_\_\_

Bill To Zip Code: \_\_\_\_\_

Signature Panel Code: \_\_\_\_\_  
(AMEX = 4 digits on front of card. DISC, M/C, Visa = 3 digits on back of card)

Cardholders Name: \_\_\_\_\_  
(exactly as it appears on the card)

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_