

Desert Rose Pool Care, LLC
602.980.0264
Desertrosepoolcare@gmail.com



**Credit Card Authorization Form
For Recurring Charges**

Please complete the information below and sign.

Print Name _____

Phone Number _____

Email Address _____

Credit Card Type (Check One): MasterCard Visa Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Security Code: _____ (Three digit code on back of the card)

Expiration Date: _____ / _____

Credit Card Holder's Name (Print, as it appears on Card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Holder Phone Number: _____ - _____ - _____

I authorize Desert Rose Pool Care, to initiate a recurring charge to the credit card indicated above for the total amount due each month. I also authorize charges for any additional related services that I may incur. Charges to my account may vary. I will be provided notice if the charges exceed \$50.00.

I understand that I may cancel my recurring charge upon written notice to Desert Rose Pool Care allowing thirty days (30) time for action on my cancellation notice.

Card Holder Signature: _____ Date: _____

Highly Confidential