



**559-645-1969**  
**Fax 559-645-0456**

**Customer Location**

Name:	City and State:
Address:	Zip Code:
Home:	Work:
<b>Drivers Lic#</b>	Cell:
<b>Credit Information:</b>	
Credit Card Type: Visa or Master card	
Billing Zip:                      Expiration Date:	
Card#    CCV:	
<b>Notes or Special Instructions:</b>	
	I authorize Wight Water Pool Service to charge
	My card in the amount of \$ _____ to cover
	Invoice# _____.
<b>Please sign form below for auto pay</b>	<b>Please sign _____</b>

By signing below Customer agrees all information above is correct and authorizes Wight Water Pools Inc. to charge credit card each month to pay pool service charges. Customer would like to charge credit card each month to pay all bills not to exceed \$125.00 without first contacting customer. Any charges over \$125 will be first authorized by customer before charging card. Any fees accessed by Wight Water Pools Inc. due to collection of delinquent payment such as court fees, collection services, or any other services rendered in order to receive payment will be accessed to customers account. Wight Water Pools Inc. or Customer may terminate this contract at any time with a 3 day written notice. This contract will remain in effect unless otherwise cancelled by either party.

Print Name: \_\_\_\_\_  
 Sign \_\_\_\_\_ Date: \_\_\_\_\_