

PCA's



AUTO PAYMENT AUTHORIZATION FORM

*Preferred Contractors Association's
American Spa and Pool Pro's*

3250 Grey Hawk Ct, Carlsbad CA 92010

Phone: (760) 599-9181

Fax: (760)599-9188

www.asapponline.com

CONTACT INFORMATION

COMPANY NAME: _____

CONTACT NAME: _____ **PHONE NUMBER:** (____) _____

PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PAYMENT INFORMATION-

[X] My Signature below AUTHORIZES American Spa and Pool Pros to deduct my monthly ASAPP dues using the credit card number below. *Note: Auto pay Payments will be deducted on the 15th of each month in the amount of \$_____ (monthly dues), unless another date is requested. Request another date if needed: _____*
PLEASE MARK FOR PAPERLESS STATEMENTS []

Please initial the box [] if you would like the balance on the account to be charged to the credit card number listed below. \$_____ (Account balance)

CREDIT CARD TYPE: VISA or MASTERCARD

NAME: _____
AS IT APPEARS ON CREDIT CARD

CREDIT CARD NUMBER: _____

CARD EXPIRATION DATE: ____/____/____ **AMOUNT:** \$ _____ (monthly dues)

AUTHORIZING SIGNATURE _____ **EFFECTIVE DATE** _____

The above information is correct and accurate to the best of my knowledge.

Note: ASAPP only accepts Visa and MasterCard