



LOW BUCK POOLS

Recurring Payment Credit Card Authorization Form

Name on card *

Card Number *

Expiration Date *

CVV *

Zip Code *

Email *

Check here to receive email updates

Address *

Type of Card * Visa Mastercard Discover Amex

Please Charge my card for the Amount of \$ *

Recurring * Yes No

The Undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individual to use this card for services rendered. Furthermore, I authorize my credit card company to accept and to charge to my account for services rendered initiated by the above named individual. *

Date _____

Terms and Conditions *

I Accept the terms and conditions above.