

**Long Island Pool & Patio  
543 Middle Country Road  
Coram, NY 11727  
631-698-4100  
631-698-4111 Fax**

**Please Print This Page, Fill Out and Fax to 631-698-4111  
Authorization to Use Credit Card**

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

Pool Owner Name: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Visa / Mastercard / AMEX (Please Circle)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCID # \_\_\_\_\_

Amount to Apply to Credit Card \$ \_\_\_\_\_

Would you like us to keep this on file for future services ☐ Yes ☐ No

This is to verify that I have authorized Long Island Pool and Patio to run the above named credit card for payment of services and/or chemicals for my swimming pool.

Signature: \_\_\_\_\_

Service Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip \_\_\_\_\_

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

If Different from Service Address

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_