

Customer Information Sheet

PLEASE FILL OUT ENTIRE SHEET

Customer Name:		
. ,		
Billing Address:		
Email Address:		
•	_	our statements to be sent electronically.** :
Driver's License #:		
Name of Employer:		
Employer's Address:		
Business Phone:		
Credit Card Information: *N	Aust have card on file for sec	urity purposes*
Type: Signature Cod	e: Expiration Date:	
Card Number:		
PLEASE BILL MONTHLY SERVICE TO T	HIS CARD Applican	nt's Initials
I understand that in the event that card for the total amount due on t		st due, B&L Pool's will run my credit/debit
I would like my statement/ receipt	emailed to me monthly	Applicant's Initials
I don't require a monthly statemen	t/receipt Applicant's	s Initials
GREEN PAPERLESS OPTION - Save \$5 and save every month on any serv		tement sent electronically. Go paperless
	e provided for an additional ovided for an additional \$15	
*Winte	er billing begins November 1st the	rough April 30th
The above information is true ar repair fees for services received		any and all agreed upon service and
Applicant	's Signature	Date
B&L Represen	tative's Signature	Date