



HEARTLAND  
POOL AND SPA

## New Customer Information

Please complete the following form to open a corporate charge account with Heartland Pool and Spa, LLC

**Company Name:** \_\_\_\_\_

Primary Contact:					
Address:					
City:		State:		ZIP:	
Phone:		Fax:			
Email:					
Accounts Payable Contact:					
A/P Phone Number:					
A/P Email:					

Authorized Purchasers:	
1	
2	
3	
4	
5	

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

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

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_



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## Credit Card Payment Authorization

Please complete the following form to authorize Heartland Pool and Spa, LLC to automatically process credit card payments on your corporate account.

### Credit Card Information

Card Holder Name:					
Company:					
Card Holder Billing Address:					
City:		State:		ZIP:	

Card Number:	
CVV:	
Expiration:	

I authorize Heartland Pool and Spa, LLC to charge my credit card above for agreed upon purchases. I understand an invoice and receipt will be provided and the charge will appear on my credit card statement. I agree that no prior notification will be provided unless other arrangements are made.

I understand this authorization shall remain in effect until the Business identified above receives written notification from me of my intent to terminate and revoke this authorization at such time and in such manner as to afford the Business identified above, the Service Provider, and/or the bank reasonable opportunity to act (Maximum 30 days).

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

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_