



Credit Card Authorization Form

Phone: 480.734.7689 Email: info@perfectsplash.com Web: www.perfectsplash.com
3513 E Milky Way, Gilbert, AZ 85295 ROC License # 322755

Credit Card Holder Information

Exact name as it appears on card (please print): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please select credit card type:

Visa MasterCard Discover American Express

Credit card number: _____

Exp. Date: ____/____ (mm/yy) Security Code: _____

I authorize The Perfect Splash to charge my credit card monthly for payment of services on or around the 1st of the month. If The Perfect Splash is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees that may have incurred. This authorization is in effect until I notify The Perfect Splash otherwise in writing. I understand that all expenses will be charged on my behalf and these may include any additional charges from previous months. All additional charges will be authorized by cardholder prior to being processed. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information is true and correct.

THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE.

This agreement may be cancelled by the applicant by providing The Perfect Splash a written notice 30 days in advance of cancellation date.

Cardholder Signature: _____ **Date:** _____

*This form can be filled out electronically, printed and scanned to us, or we can pick up a physical copy on your service day.