



**CREDIT CARD AUTHORIZATION FORM**

<b>Credit Card Information</b>				
Card Type:	Mastercard	Visa	Discover	AMEX
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				
Cardholder ZIP Code (from credit card billing address):				

I, \_\_\_\_\_, authorize SKY BLUE POOLS, LLC to charge my credit card above for my requested services. I understand that my information will be save to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

To cover the cost of accepting credit cards, we collect a 3.0% credit card surcharge to be reflected in your emailed receipt.