



## Credit Card Authorization Form

*{Please fill form out completely, any missing information will slow the process down}*

I \_\_\_\_\_ Authorize (Certified Pools LLC, or Certified Pools) to charge my credit card.

For services rendered. Not to exceed amount shown.

Reference/Invoice#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ usd.

\*Credit Card Type: \_\_\_\_\_

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

\*Card CV2 # (\_\_\_\_\_) \_\_\_\_\_

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

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

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

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

\*Billing Zip Code: \_\_\_\_\_

\*Name On Card: \_\_\_\_\_

MEMBER



**APSP**

The Association of  
Pool & Spa Professionals™



Fax or Email to: **615-866-0624** or ([ken@certified-pools.com](mailto:ken@certified-pools.com))

Company Use Only:

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