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August 5th, 2020

This has been a heck of a year to say the least! Now its time to thinking about closing the pools. Enclosed you will find our closing agreement. Attached is also a credit card on file form that is **REQUIRED FOR ALL CUSTOMERS. All closings are scheduled on a 1st come 1st serve basis, if your credit card on file is not up to date, we will not schedule your closing until it is.** 50% deposit is required to reserve your date, payment for all work is due upon presentation of our invoices.

Would you like us to put you on auto payment each month by charging the credit card that is on file? **YES / NO**

Credit Card on File (if not already on file)

Date _____

Card Type (please circle one) Visa Mastercard Discover American Express

Home _____ Cell _____ Work _____

E-Mail address _____

Card Number _____

Exp. Date _____ Security Code _____

Billing Address (where you receive your credit card) _____

City/ST/Zip _____

Site Address _____

City/ST/Zip _____

Name on Card _____

Authorized Signer(s) _____

Authorized Signature _____

I, _____ the authorized signer to this card allow POOL CARE SPECIALISTS, INC. to charge any past due balance to this card.