



Pool Master, Inc.
2432 W. Peoria Ave #1225
Phoenix, AZ 85029
Office: 602 870-4000
Fax: 602 870-4009

CREDIT CARD AUTHORIZATION

(Please complete the authorization below and return original to us at the above address.)

Type of Card (check one)

Master Card Visa American Express Discover Diners

Name (as it appears on your card) _____

Billing Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ - _____ X _____

Account Number _____ Expiration Date ____/____

Amount \$ _____ . _____

Invoice #(s) _____

Signature _____ Date _____, 20____

I authorize Pool Master, Inc. to charge my account with the information listed above.