



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.