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|  **480.535.7873** **info@pacificcoastlandscapingandpool.com** |
| **Automatic Credit Card Billing Authorization Form** |
| Pacific Coast Landscaping & Pools welcomes you to our hassle free automatic credit/debit card billing system.Every month, we will automatically bill your credit card for the amount indicated below and your chargesWill appear on your monthly credit card statement. Simply complete all fields of the form below and we willBegin service on your property. All requested information is required. We greatly appreciate your prompt response and cooperation with this matter. Please call if you have any questions or concerns. |
| **Customer Information** |
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| Customer Name: | Customer Address | Phone Number |
| Click here to Customer Name | Click here to Customer Address | Click here to enter Phone Number.  |

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| **Payment Information**I authorize Pacific Coast Landscaping & Pools to automatically bill the card listed below as specified

|  |  |
| --- | --- |
| Amount: | $ Click here to enter Amount. |
| Frequency: | One Time [ ] Monthly [ ]  |
| Landscaping Only |[ ]
| Pool Only |[ ]
| Landscaping and Pool |[ ]
| \*Monthly Service CustomersYour card will be charged between the 28th and 1st of every month. We bill one month in advance.\*One Time CustomersYour card will be charged half down before we can start the job and the remainder once the job is complete.**There is no contract, so upon your request we will cancel services at any time. You will only be billed for any services provided. Any refund will be posted immediately back to your credit card.**On occasion new customers ask for references, your name and phone number may be given as a reference.In the future your account may be transferred.**Credit Card Information**Pacific Coast Landscaping & Pools accepts the following cards C:\wamp\www\mammoth\2018\img\accepted_c22e1.png

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| Credit Card Type: | Select Card Type |
| Credit Card Number: | Click here to enter credit card number. |
| Cardholders Name (as shown on credit card): | Click here to enter cardholders name. |
| Expires: |  Select Year Select Month |
| Cardholders Billing Zip Code: | Click here to enter billing zip code. |
| Date: | Click here to enter a date.  |
| Credit Card CVV | Click here to enter CVV. |
| Customers Signature (check the box if submitted via e-mail) | [ ]  - I submitted my form via e-mail so was unable to provide my signature. |

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**PLEASE E-MAIL THIS FORM TO** **info@pacificcoastlandscapingandpool.com**