



WESTPORT  
POOLS

DESIGN | BUILD | SERVICE | RENOVATE | EDUCATE

## CREDIT CARD AUTHORIZATION

On-line at [www.westportpools.com](http://www.westportpools.com)

Name	
Street Address	
City, State, Zip	
Best Contact Number	
Email Address	
Acct #	
Name on Credit Card	
Credit Card Number	
Expiration Date	
Verification Code (3 digits, back of card)	
Credit Card Billing Zip Code	

I, the undersigned, authorized user of the credit card specified, hereby authorize Westport Pools, Inc. to charge the above referenced credit card account for charges incurred each month for my swimming pool/spa service. I understand that I will remain responsible for these charges should my credit card be cancelled, expired or otherwise unavailable. I understand that I will receive detailed invoices with the charged amount via email.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE COMPLETE AND SIGN FORM**

**Return with opening information by mail or email to [ar@westportpools.com](mailto:ar@westportpools.com).**

*We use a third party secured Credit Card Service. PayTrace is a secure system considered the standard for most electronic payment methods. The importance and purpose of encryption is to protect confidentiality, authentication, and integrity as well as to promote availability and nonrepudiation. Your credit card information is entered once and it is stored in their secure system.*