



Recurring Payment Form

Return completed form to either:
sales@sparklepoolservice.com *or*
P.O. Box 360818 Dallas, TX 75336

Customer Name: _____
Customer Number: _____

Payment Method: EFT _____ Credit Card _____

EFT (Electronic Funds Transfer)

Bank Name: _____

Transit/ABA Number: _____

Account Number: _____

Attach a voided check or deposit slip from the above account.

Credit Card Authorization

MasterCard ____ Visa ____ Amex ____

Name as appears on credit card _____

Account Number _____

Expiration Date _____ / _____

I hereby authorize Sparkle Holdings, Inc. to initiate payments from the above account for the payment of monthly pool chemical service.

Printed Name _____

Authorized Signature _____ Date _____