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 Fax: (732) 462-0438
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 Visit us at: www.centraljerseypools.com
 CJP NJ Reg.#13VH01191400

Customer Name: _____ Date: _____

Phone: _____ Fax: _____

E-mail: _____

Service to be performed: (circle one) Spa Above Ground Pool In Ground Pool

Describe Service/Repair: _____

Thank you for choosing Central Jersey Pools for your pool and/or spa needs. Please fill in all of the information. Sign and date, and fax back to us at (732) 462-0438. This form must be completed and returned in order for work to be scheduled.

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

By signing this document I hereby authorize Central Jersey Pools to perform the work necessary on my pool and/or spa and agree to pay for the parts and labor charges as billed. I agree to pay the credit card company and not dispute the charges with them even though my signature is not on the individual credit card receipts. I fully acknowledge that I am signing this credit card authorization OUTSIDE OF THE RULES AND REGULATIONS OF MY CREDIT CARD COMPANY REFERENCED BELOW BECAUSE AN IMPRINT OF MY CREDIT CARD AND/OR MY SIGNATURE IS NOT POSSIBLE TO FACILITATE THIS TRANSACTION. In the event that the credit card charge is declined, I agree to pay these charges upon receipt of an invoice for them. Payment is due at the time service is performed. A late payment will result in a finance charge of 2% per month. A check returned for insufficient funds will incur a \$30 fee. Customer is responsible for all court costs and attorney fees if account goes into collection. * This is an estimate only. Your approval authorizes us to repair your pool or spa. Central Jersey Pools reserves the right to revise this repair estimate if additional service required.

*** By signing this document, Central Jersey Pools is authorized to charge payments to that credit card without further approval of the customer as payments are due.**

YES, I have read the above conditions and agree to them.

Signature: _____ Date: _____

CREDIT CARD#	SECURITY CODE: (3-4 digit on the back of your card)	(CHECK ONE) <input type="radio"/> AMEX <input type="radio"/> VISA <input type="radio"/> MC <input type="radio"/> DISCOVER
NAME ON CARD		EXP. DATE
SIGNATURE		DATE

CELEBRATING **50+** YEARS OF SERVICE & SATISFACTION