



P.O. Box 189
 Kennesaw, GA 30156
 Office: (678) 528-4521
 Fax: (678) 682-9658
 www.alisonpoolsinc.com

Pool Service Agreements

Please enroll me in the following Pool Service Agreement in accordance with Alison Pools LLC Pool Service Agreement Term and Conditions (please select one):

Weekly Pool Service Agreements

- Platinum Gold Silver Bronze

"Every Other Week" Pool Service Agreements

- Platinum (B1) Gold (B2) Silver (B3) Bronze (B4)

Credit/Debit Card Authorization

I, the Cardholder, authorize Alison Pools LLC to charge my credit/debit card for the purpose of obtaining payment for services in accordance with above said Pool Agreement and Plan.

Please PRINT all information clearly.

- VISA MasterCard

Cardholder's Name
 (as it appears on the card) _____

Cardholder's Mailing Address
 * Address where credit card statement is mailed.

Address _____

City _____ State _____ Zip Code _____

Card Number - - - Expiration Date ____ / ____

Card Verification Code
 (last 3-digits on back of card)

Date of Authorization _____

Cardholder's Signature _____

Instructions: Please complete all required fields and return a signed copy to Alison Pools LLC via the following methods:

Mail	Fax
P.O. Box 189	(678) 682-9658
Kennesaw, GA 30156	