

# Credit Card Authorization Form

## Pacific Hot Tub Solutions

13851 Beaver Creek Rd., Oregon City, OR 97045 503-913-2189

5128 Hwy 101, Lincoln City, OR 97367 541-996-7727 (SPAS)

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Name on Card

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Billing Address

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Billing City, State, Zip

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Card Number

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Expiration Date

CVS #

I \_\_\_\_\_ authorize Pacific Hot Tub Solutions to charge \_\_\_\_\_ to the above referenced credit card. I acknowledge that the payment will be made each month within 3 days +/- of the 5<sup>th</sup> of the month and shall continue to be charged until I provide notice of termination of this agreement in writing to Pacific Hot Tub Solutions.

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Contact Number

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email