

**CREDIT CARD AUTHORIZATION FORM
RECURRING MONTHLY CHARGES FOR
AUTOMATIC Smart Care ® Chemistry REPLENISHMENT PROGRAM**

Date:	
Company Name:	
RE Whittaker Account Number:	
Credit Card Type:	VISA MasterCard American Express
Card Number:	
Expiration Date:	CVV2 (security code):
Cardholder Name (As shown on credit card):	
Card Billing Street Address:	
Card Billing City, State, Zip Code:	
Amount: \$_____*	
<small>* This amount represents the initial recurring monthly charge as of the date signed. In the event the Company alters its Automatic Smart Care ® Chemistry Replenishment order, the recurring charge will be adjusted accordingly.</small>	

AUTHORIZATION

I hereby authorize RE Whittaker Company to charge the indicated credit card monthly for the amount due under the Automatic Smart Care ® Chemistry Replenishment order that I have placed, including subsequent adjustments for changes in quantities I elect. I agree that the monthly charge will be applied to my credit card on the last Wednesday of each month in accordance with the shipment cycle for the program. I am required to contact RE Whittaker one (1) month in advance to either cancel my participation in the program or arrange for an alternate method of payment. I understand that I will receive a 5% discount for the Smart Care ® Chemistry products I order under this program, and that this discount will be applied after all other discounts applicable to my account with RE Whittaker Company.

Signature of Cardholder

Date Signed

FAX COMPLETED AUTHORIZATION TO: 724-658-8731