

**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**