



Automatic Credit Card Debit Authority

Pool Doctor
Unit 15 / 28 Barcoo Street
Roseville NSW 2069

Dear Sir/Madam,

Please debit my nominated credit card below with the balance owing on my account. I understand this transaction will take place in the first week of the month following and a receipt issued along with my statement if requested.

Credit Card Type: Visa / Mastercard Card

No: _____ / _____ / _____ / _____

Expiry Date: _____ / _____ CVV#: _____

Name on Card: _____

Address: _____

Signature: _____

Please return by email or fax.

Pool Doctor (A division of Silent Bull Pty Ltd)
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