

▶ Account #: _____
(first time applicants leave blank)

Credit Card / Debit Card Authorization Form

Omega Moulding Company, Ltd., ("Company") has agreed to sell to _____
"Customer"

As part of this agreement, _____ authorizes "Company" to place
Your Name or Company
charges for sales on his/her/company _____ CREDIT DEBIT card
(CC: Visa, MC, Amex, Discover) (Debit: Bank)
bearing the card number _____ with security code: _____
(Card #) (CVV)
expiring on ____/____.
(Month) (Year)

I have been authorized to make purchases for "Customer" and am the authorized signer on the card stated above.

This authorization will apply and be legally binding for any future orders placed by "Customer" via phone, fax, mail, or any other means. In addition to aforementioned credit card signer, the following individuals may place order on "Customer's" behalf and charge them to my credit card:

Print Name(s)

Signature(s)

_____	_____
_____	_____
_____	_____

Should I choose to revoke this credit card authorization, I must do so in writing, with said revocation taking place ten (10) business days after receipt of said notification. Written notification is to be sent to:

Omega Moulding Company, Ltd.
Attn: Accounts Receivable
1 Saw Grass Drive
Bellport, NY 11713

Authorized by: _____ (print name as shown on credit card)

Authorized signer signature: _____

Statement address: _____

Street, City/Town, State, ZIP

Today's date: _____

▶ Please fill & fax this form to 1-800-329-6634 or email a scanned PDF of completed form to:
info@omegamoulding.com