



## Credit Card Authorization Form

Please complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your credit card statement. **You may cancel this billing authorization at any time by contacting Omni.**

Ph: +1 780.423.4200  
Fx: +1 780.423.4711

#1200, Bell Tower  
10104 - 103 Avenue  
Edmonton, Alberta  
Canada T5J 0H8

[www.omni-ts.com](http://www.omni-ts.com)

### CLIENT INFORMATION

Client Name:

Phone Number:

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Email Address:

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Billing Address:

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### PAYMENT INFORMATION

I authorize Omni to bill the credit card listed below as specified:

Invoice or Quote Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Please select your credit card type:    Credit Card Number:

Visa

MasterCard

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Cardholder's Name:

Expiry Date:

Card Security Code:

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(As shown on the credit card)

Cardholder's Signature:

Date:

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**This credit card authorization form must be faxed to +1.780.423.4711.**