



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

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CLIENT INFORMATION

Client Name:

Phone Number:

Email Address:

Billing Address:

PAYMENT INFORMATION

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

Invoice or Quote Number: _____ Amount: \$ _____

Frequency: One Time Monthly Annually As Needed

End Billing When: Contract Expires: _____ Customer Provides Written Cancellation

CREDIT CARD INFORMATION

Please select your credit card type: Credit Card Number:

Visa MasterCard _____

Cardholder's Name: _____ Expiry Date: _____ Card Security Code: _____

(As shown on the credit card)

Cardholder's Signature: _____ Date: _____

If used for monthly payment, please notify Omni of any changes that might affect your credit card payment.

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