



1 Saw Grass Drive
Bellport, NY 11713
Tel. (631) 924-6200 or (800) 289-6634
Fax. (631) 924-9591 or (800) 329-6634

A/C # _____

Personal Credit Card Authorization Form

Omega Moulding Company, Ltd. ("Company") has agreed to sell
_____ ("Customer"). As part of this agreement

_____ authorizes "Company" to place charges for said sales on

his/her _____ credit card bearing the credit card number
VISA, Mastercard, Discover or AMEX

_____ with security code _____ expiring on

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

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 orders on "Customer's" behalf
and charge them to my credit card:

Print Name

Signature

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

Omega Moulding Co., 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: _____

Date: _____