

▶ Account #: \_\_\_\_\_  
(first time applicants leave blank)

## Credit 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 said sales on his/her/company \_\_\_\_\_ credit card bearing  
(Visa, MasterCard, Amex, Discover)

the credit card number \_\_\_\_\_ with security code: \_\_\_\_\_  
(credit card #) (3-digit #)

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 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](mailto:info@omegamoulding.com)