

ΩMEGA ENGRAVING

PO Box 1210 - Grants Pass, OR 97528-0307

Phone 541.476.1789 - FAX 541.476.8681

www.OmegaEngraving.com

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:			
Your Company/Name (herein "Company"):			
Person Authorizing:			
Issuing Bank:			
Credit Card Type:	Visa ()	MasterCard ()	Discover ()
Credit Card Number:			
Expiration Date:			
Enter CVC Number:			
<i>(Last 3 digits from the back of card or 4 digits from face of card)</i>			
Billing Address:			
City:			
State/ Province:			
Zip/Postal Code:			
Country:			
Phone Number:			
Fax Number:			

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Company's discretion if any changes or charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts involved should immediately be reported via FAX to (541) 476-8681.

Changes in the status of this card can also be reported via FAX at (541) 476-8681.

The undersigned is the authorized representative of Company listed above.

Authorized Signature: _____ Date: _____