

CREDIT CARD AUTHORIZATION

Please complete the interactive form and print, sign and email it to accounting@omnimetrixconnect.com, or fax it to 770.209.0719. (Adobe Reader 8 or newer required. You may download the latest version <u>here</u>).

Customer Name:	
Name as It Appears on Credit Card:	
Type of Card (check one):	
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	
Credit Card Number:	
Expiration Date:	Security Code*:
Billing Address:	
City:	_State:Zip:
Phone:ext	Email:
Order/Invoice Number:	
Item(s) Purchased:	
Amount to be charged: \$	
☐ Please keep Credit Card on file for future product orders and/or services.	
By signing this form, you authorize OMNIMETRIX, LLC to charge your credit card for the amount listed above.	
Signature:	Date:
☐ I would like a credit card receipt sent to the email address above.	

*The Security Code is 3 or 4 digits and may be found on the front of your credit card or on the signature strip on the back.