



Credit Card Authorization Form

OMI COMMUNICATIONS, INC

Toll Free 1-888-408-3120

Office 1-954-977-9282

Company Name _____

I _____ hereby authorize "OMI COMMUNICATIONS"

Print Cardholder Name

To debit my _____ VISA _____ MASTERCARD _____ Discover

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____ * Located on back of card

IN THE AMOUNT OF \$ _____ FOR THE FOLLOWING:

MY BILLING ADDRESS FOR THIS CARD IS:

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Cardholder Signature _____ Date _____

Please E-mail back to sales@omicommunications.com!