OmniCom
WHOLESALE DISTRIBUTOR OF WIRELESS PRODUCTS
818-553-2700
www.omnicom.us

6730 San Fernando Road
Glendale, CA 91201
Fax (818) 553-2702

CREDIT CARD DEBIT AUTHORIZATION FORM

I _____ authorize OmniCom to debit from the enclosed credit card the amount shown on invoice # _____ for balance pending and purchases made on Date: _____. After signing this form OmniCom may debit the amount stated herein. I understand that this debit will post immediately.

Also, I agree with all terms and conditions of this particular invoice. I am aware that any changes that I make regarding the payment of this invoice/s will have to be in mutual agreement between a sales representative at OmniCom and myself.

We accept the following major credit cards

Please circle your choice: **Visa** **Master Card** **Discover**

Invoice Amount: _____

Credit Card Number: _____

Expiration Date: _____

V-Code: _____
(last 3 digits on signature line after credit card #)

Name on Credit Card: _____

Billing Address: _____

Billing Zip Code: _____

Telephone#: _____

X_____
Signature Date

*** Please attach copy of your Credit Card and Drivers License or Passport for International customers ***