

Credit Card Authorization Form

Client Name _____ PLOG ID _____

Credit Card Information

(all fields must be filled out completely)

American Express MasterCard Discover Visa

Cardholder Name _____

Card Number _____

Expiration Date _____ Security Code _____
(On front or back of card)

Billing Address _____

(Address where monthly credit card statements are received)

Phone Number _____
(Associated with Card)

Please initial in the box for the following payment option

I authorize a charge to my credit card in the amount
of \$ _____ on the date of _____

Being the cardholder, by signing below I understand and agree with the terms set forth in my Work Agreement, agree to pay, and specifically authorize Omni Financial to charge my credit card for the services provided.

Signature _____

Print Name _____ Date _____

2300 Fifth Avenue
Vero Beach, FL 32960
(P) 800.707.8065
(F) 772.365.5701
www.omnitaxhelp.com

