



Alpha Omega

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Credit Card Authorization

Today's Date: _____

Company Name: _____

Name as it appears on card: _____

Billing Address:

Telephone Number: _____

Email Address: _____

Card Type - Circle One MC VISA AM EX DISCOVER

Card Number: _____

Expiration Date: _____

CVV Number (3 digits): _____

Invoice Number: PENDING Amount of Invoice: \$ _____

(THIS IS FOR ONE TIME USE – UNLESS AUTHORIZED)

Authorized Signature: _____

***Your signature above authorizes Alpha Omega, its officers, and/or staff to run the credit card listed above for invoices of service provided to you, this authorization will cover all invoices incurred after the signature date. If an invoice exceeds \$1,000.00 a new authorization will be required.