



OMEGA

CHB INT'L INC

Custom House Broker and International Freight Forwarders

Credit Card Authorization Form

Please complete, scan and e-mail to omega@omegachb.com or
fax to +1.310.988.1065

Cardholder Name: _____

Cardholder Telephone No: (_____) _____

Company Name: _____

Company Phone No: (_____) _____

Credit Card Billing Address: _____

Street

City

State

Zip Code

Credit Card Payment Type: **(Circle)** Visa Master Card American Express

Credit Card Number: _____

Expiration Date: _____

Invoice Number (s): _____

Charge Amount: _____

Authorization Number: _____

(required to process payment)

I have given the authority to Omega CHB to charge my credit card. I am aware and informed by Omega CHB that additional process fees may apply for all credit card payments.

By signing below, I agree to pay the amount as specified on this credit card charge form.

*All credit card payments are subject to a 5% processing fee.

X

Cardholder Signature

Date