



Credit Card Authorization Form

I, _____ on behalf of, _____
herby authorize Quest Marketing, Inc. dba omniQ, to charge my credit card account in the amount
of \$_____ plus applicable shipping/handling/state sales tax.

Visa Mastercard American Express

Please only enter the last four digits of your credit card as providing the full 16 digits does not follow PCI Compliance guidelines. Our accounting department will call you for your complete account number.

Credit Card Number: XXXX XXXX XXXX _____ (last 4 digits only please)

Expiration Date: _____/_____/_____

CVV Code:(3-4 digits on back of card): _____

Credit Card Billing Address:

Name as it appears on credit card: _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Telephone: () _____ - _____

Email : _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip code: _____ - _____ Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above and authorize Quest Marketing, Inc. to charge my credit card for the above stated amount plus any shipping, handling and sales taxes where applicable, to amounts on PO or quote #_____.

Cardholder's Signature

_____/_____/_____
Date

Your completion of the authorization form helps us to protect you, our valued customers, from credit card fraud. omniQ will keep all information on this form strictly confidential.