



OMEGA SCAFFOLDING SUPPLY INC

Reaching the height of excellence

148-23 94th Ave, Jamaica New York 11435 Phone 718-523-8700, Fax 718-657-9559
www.omegascaffolding.com info@omegascaffolding.com

CREDIT CARD AUTHORIZATION VIA PHONE/ FAX

Date _____

Approval No _____

Credit Card Billing Information:-

Company Name	
Authorized User	
Driver's License Number	
Credit Card Number	
Card Type	Amex [] Master Card [] Discover [] Visa [] Other []
Expiration Date	
CVC Number (3 or 4 digit security code)	
Billing Address	
City, State, Zip	
Authorized User's Phone	
Authorized User's Fax	

Merchandise Information:-

Invoice Number / Estimate No	
Authorized Amount	\$
Sales Person	

Please attached a valid picture ID of Card Holder

STATEMENT OF AUTHORIZATION

The undersigned authorizes L&B Building Supplies, Inc. to process this credit card transaction with the information provided above. These credit card transactions are processed via phone orders, mail orders, or at the merchant location of business operation.

By signing this document, I am personally guaranteeing this transaction and will ensure full and proper payment.

Authorized Signature: _____

Date: _____