



Credit Card / Electronic Transfer Form (Monthly)

Credit Card: VISA/Master Card

Full Name (As shown on card): _____

Credit Card Number: _____ Exp. Date: _____

We require the 3 digit number found on the front side above the number or back side on the signature line of your credit card _____.

Signature: _____

Electronic Transfer:

Customer shall pay by electronic funds transfer. By executing this Agreement, the Customer hereby authorizes Omni-Tech to debit the financial account listed below for the payment of the customers bill.

Bank Name: _____ City, State: _____

Bank Routing Number: _____

Type of Account: Savings Checking Bank Account Number: _____

(Please enclose a voided check or savings withdrawal slip)

Signature: _____

Print Name: _____

Please Send to: Omni-Tech Inc. 2430 N Lincoln Fremont NE 68025 or fax to 402-753-1100