



Credit Card Authorization

2665 Pomona Blvd., Pomona, CA, 91768
Phone: (909) 464-1818 Email: info@onooptical.com
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Account Information	
Account Name	Account #
Address	
Business Phone	Business Fax
Email Address	

Credit Card Information	
VISA <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover <input type="radio"/>	
Cardholder Name	
Billing Address	
Card Number	
Expiration Date	Validation Code

Payment Options - please select and initial an option below		
Payment Type	Initial	Description
Auto Deduction <input type="radio"/>		Monthly statement balance will automatically be charged to credit card provided on the 15th of the following month.
Single Payment <input type="radio"/>		A single payment of (enter amount USD) \$_____ will be charged to credit card provided.
Pre Pay Invoices <input type="radio"/>		Pre Paid invoiced orders will automatically be charged to credit card provided.
Past Due Balance <input type="radio"/>		Balance reaching 45 days past due will automatically be charged to credit card provided.

Required Signature	
I authorize OnO Optical to keep my signature on file and to charge my Visa, MasterCard, American Express, or Discover Card as indicated. I agree to pay for purchases in accordance with the issuing bank cardholder agreement.	
I understand that this form is valid for each month for the life of the account unless I cancel authorization through written notice.	
Cardholder Signature	Date