

405 RXR Plaza Suite 405 Uniondale NY 11556 -Tel: (212) 279-3400 - office@otomg.com - www.otomg.com

Today's Date

M D Y

In Lieu on my credit card imprint, I _____
On behalf of _____ authorize Otomg Enterprise Inc. to charge
the credit card listed below for services provided.

Name of Card Holder

Credit Card Billing Address

Street

City State Zip Code

Card Type

Visa Master Card Discover American Express

Card Number

Card Expiration Date

M Y Security Code (The last 3 digits On the back of your card)

Home / Office Phone Number

Authorized Passenger

By signing below, I acknowledge the charges. In the event of passed cancellation deadline. I authorize Otomg Enterprise Inc. to charge the full reservation fee. I read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation.

I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute this charge.

Payment based on quote provided as well as other authorized charges is made to be in accordance with the issuing card policies.

I affirm my obligations under the card member's agreement.

All Reservations Are Final, No Refunds Upon Cancellation

Client's Signature

Print Name

Date

M D Y

