



Credit Card Information Fax Form
FAX BACK TO: (818) 998-7835

Instructions: Complete this form in large, legible print (black ink)

☐ I am an existing customer

☐ I am a new customer

Bill my: ☐  or ☐ 

Credit Card # (use this format: 0000-1111-2222-3333) - - -

Name (as it appears on your credit card bill)

Name (as it appears on your emailed order form)

Expiration date (use this format: MONTH/YEAR)

Daytime phone (must be included)

Cell phone

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