



**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)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Name (as it appears on your credit card bill)	<input type="text"/>						
Name (as it appears on your emailed order form)	<input type="text"/>						
Expiration date (use this format: MONTH/YEAR)	<input type="text"/>	/	<input type="text"/>	Security Code (3 or 4 digit code on the back of card)	<input type="text"/>		
Daytime phone (must be included)	<input type="text"/>			Cell phone	<input type="text"/>		
Email address	<input type="text"/>						

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