



we think like babies.

CREDIT CARD AGREEMENT

FAX: 858-457-4785

I HEARBY AUTHORIZE INFANTINO TO USE THE FOLLOWING CREDIT CARD

Visa ___ Mastercard ___ Discover ___ American Express ___

Company Name: _____

Name on Card (please print): _____

Credit Card BILL TO address: _____

City, State, Zip Code: _____

Approved by (please print): _____

Card holder phone number: _____

I certify I am an authorized officer of the company listed above.

Signature: _____

Date: _____

****Please return to our secure fax: 858-457-4785****

****PLEASE DO NOT EMAIL****

ATTN: Infantino Finance Department

Customer Account # _____

Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit CV Code _____

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