

## CREDIT CARD AGREEMENT

**FAX: 858-457-4785**

I HEARBY AUTHORIZE INFANTINO TO USE THE FOLLOWING CREDIT CARD

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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 \_\_\_\_\_