



tinybundles

## Request For Credit Card Information

Please complete the following information and return by fax to 858.451.9907  
You will be notified when card has been processed

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Name of Company

Date

---

Contact Name

Title

---

Address

---

City

State

Zip/Postal Code

---

Phone

Fax

Please Circle One



Visa



Mastercard



American Express



Discover

---

Card Number

Exp. Date

---

Name on Card

---

Cardholder Signature

11468 Ballybunion Square San Diego, CA 92128

858.451.9907 telephone [www.tinybundles.com](http://www.tinybundles.com) [patti@tinybundles.com](mailto:patti@tinybundles.com)