

Old Pine Furnishings Corp

Tel: 818 507 7077 Fax: 818 507 8799

Credit Card Form

CARD TYPE (circle) (VISA) (MASTERCARD) (AMEX)

CARD NUMBER: _____

EXPIRATION DATE: _____

AMOUNT: _____

NAME (as appears on card): _____
(Please print)

CARD BILLING ADDRESS: _____

SIGNATURE: _____ DATE: _____

You may FAX this completed form to: 818 507 8799
Note: Your credit card statement will show a charge from
"Old Pine Furnishings Corp." Thank you.