



**The Mailing Group, Inc.**

7924 Ronson Rd Ste G  
San Diego, CA 92111-1918



## CREDIT CARD PAYMENT INFORMATION

### CARD HOLDER'S BILLING ADDRESS:

Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Street2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### CARD HOLDER'S SHIPPING ADDRESS (if different than above):

Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Street2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

### INVOICE(S):

Invoice #: \_\_\_\_\_  
Description: \_\_\_\_\_

### VISA / MC (circle one)

Account #: \_\_\_\_\_  
Valid Thru Date: \_\_\_\_\_  
CVV2/CVC2/CID: \_\_\_\_\_ (3 digit numerical code on back of card)  
Amount Authorized: \_\_\_\_\_  
Date Authorized: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please fax the completed form to 858.614.0257, then mail original to the above address)**