



Credit Card Payment

We accept Visa, Mastercard, and Discover credit cards. To charge your payment, please complete this form, and email it to us at: customerservice.adventuretime@gmail.com, fax it to: 510-658-9102, or use the payment link on this website. All of the information must be complete. Thank you.

Amount you would like to charge: \$ _____

Credit card: *please check one* ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD NUMBER: _____ **CVV CODE:** _____

(The 3 digit CVV security code may be found on the back of your credit card next to your signature.)

Expiration date: _____ / _____ (MM/YY)

Name as it appears on the credit card: _____

Adventure Time account number: _____

Child's name: _____

Credit card billing address: _____

_____ Zip Code: _____

Print your name: _____

Phone number: _____

☐ This is a one time payment or

☐ This is a monthly recurring payment charged between the 13th and the 17th of the month prior to the due date for the following billing period (ex. February payment would be charged between January 13-17). Each billing period, the total balance due on the account will be charged.

Signature: _____