

CityRange Gift Card Request Form

Name (as it appears on credit card): _____

Billing Address:

Daytime Phone:

_____ email: _____

Credit Card Type (circle one): VISA / MasterCard / AMX / Diners

Credit Card Number:

VIN: (last 3 digits): _____ Expiration Date: _____

Denomination per card (in \$5 increments): \$ _____ x Qty: _____

Total: \$ _____

Recipient Name:

Recipient Mailing Address:

Please fax this form to your neighborhood CityRange. We'll process and mail your request within 24 hours.



Location	Fax Number	Phone Number
Greenville, SC	864.286.8139	864.286.9018
Spartanburg, SC	864.327.0253	864.327.3333