



Credit Card Authorization Form for Gift Card Purchase

Please fill out all relevant fields & fax to **(604) 739-0557**

How many cards would you like? _____

In what value(s)? _____

Address to Mail the card:

Personalized message (optional):

Payment Type (check one)

Visa

MasterCard

Credit Card Number: _____ Exp: _____

CVD (3 digits on back of card): _____

I _____ (print name), authorize Sweet Obsession
Cakes & Pastries to charge my credit card the amount of \$ _____

X _____ Date: _____

Phone Number: _____

Email Address: _____