



Credit Card Authorization Form for Gift Card Purchase

Please fill out all relevant fields & fax to

**(604) 739-0557 or**

**email to [info@sweetobsession.ca](mailto:info@sweetobsession.ca)**

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): \_\_\_\_\_

Even though cards are mailed the same day as ordered, I understand that Canada Post is used, so no responsibility is borne by Trafalgars or Sweet Obsession for undelivered, or untimely, deliveries.

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

X \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_