



CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC			
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
ACCOUNT NUMBER					
EXPIRATION DATE and CVVC NUMBER (number on back of card)					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
COMPANY	Cake Works
PHONE NUMBER	(808)946-4333
EMAIL ADDRESS	cakeworkshi@gmail.com
AUTHORIZED AMOUNT	
DATES OF CHARGES	
AUTHORIZATION OF CARD USE	
<p>I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>	

CARDHOLDER NAME			
SIGNATURE		DATE	