



Credit Card Authorization Form for Gift Card Purchase

Please fill out all relevant fields & fax to **(604) 739-0557** or email to **info@trafalgars.com**

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 born 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: _____