

Repeat Sale Credit Card Charge

Authorization Form

I (we) hereby authorize CARDINAL BAKERY to make repeat charges to my Credit Card on file ending in ____ (last 4 digits), which is identified by the token below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Cardinal Bakery is notified by me (us) in writing to cancel it in such time as to afford Cardinal Bakery and Credit Card Company a reasonable opportunity to act on it.

Name (as it appears on the credit card)

E-Mail for receipt (optional)

Credit Card Billing Address

Contact number: (____) _____ - _____ Secondary number: (____) _____ - _____

Terms (please check one): () daily () weekly

THIS BOX IS FOR OFFICE USE ONLY

Token Number: _____

Client ID: _____

Cardholder Signature: _____ Date: _____

I agree to pay the amount according to card issuer agreement.

Please send this credit/debit card payment form to: **Cardinal Bakery**

45449 Severn Way Suite 190, Sterling, VA 20166

Phone: 703-430-1600 Fax: 703-430-3699



For security purpose, this portion will be shredded after the information has entered on the system

Card# _____ Exp Date _____

Please print clearly