Jay Qualls Cakes

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US. All information will remain confidential.

Cardholder Name:				
Billing Address:				
Credit Card Type:	Visa	Mastercard	Discover	AmEx
Credit Card Number:				
Expiration Date:				
Card Identification Num	oer (last 3 digi	ts located on the bo	ack of the cr	edit card):
Amount to Charge: \$ _		_ (USD)		
I authorize credit card provided her issuing bank cardholder	ein. I agree th	_ to charge the agre hat I will pay for this p	ed amount ourchase in a	listed above to my accordance with the
Cardholder – Print Name	, Sign and Da	te Below:		
Signed:				
Dated:				
Name:				
Once signed return the c	ompleted for	m to: jay@jayqualls.	com	
Jay Qualls Cakes				
2021 21 st Avenue, S				
Suite C-110				
Nashville, TN 37212				