



Credit card charge authorization

Please complete form and fax it back to 650-631-7770

Customer name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact person name: \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_

Credit card type:  VISA

MASTERCARD

Expiration date: \_\_\_\_\_

Credit card number: \_\_\_\_\_

By signing below, I hereby authorize SWEET PRODUCTION inc. to charge my credit card.  
SWEET PRODUCTION inc. will provide me with a monthly statement detailing all of my charges.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

**Sweet Production inc. [www.sweetpinc.com](http://www.sweetpinc.com)**

**Tel: 650-631-7777 Fax: 650-631-7770**