



4338 Paces Ferry Rd, Suite C  
Atlanta, GA 30339  
p: 770-431-6611  
email: info@sweet-pockets.com

I authorize Sweet Pockets, LLC to charge my credit card amount Identified below for cupakes and related charges in the amount of:

Print name as it appears on the credit card

Cardholder's Name:

Billing Address & Zip Code:

Credit Card [visa/mc]:

\*Corporate AMEX only

Expiration Date:

Security Code:

I understand and agree that: (1) my signature on this form constitutes a "signature on file" and is an agreement to pay the charges indicated, which will be charged to the credit card number I have provided; (2) the amount charged to my credit card account may be reflected in my account balance prior to loading; and (3) I am legally obligated to pay for all products and related charges.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: