



CREDIT / DEBIT CARD AUTHORIZATION

Please **PRINT** when completing this form. Once completed and signed, please email ar@costeaux.com or FAX with **ALL** requested information completed.

Business Name:	
Name on card:	
Billing address:	
City, State, Zip:	
Phone:	
Email:	
<input type="checkbox"/> Debit <input type="checkbox"/> Credit	
Card #:	
Expiration date:	
CVV Code:	

Please Select One Of The Following:

- Account Statement Biweekly Payments

Biweekly account statement charges occur on or near the 1st and 15th of each month.

- One Time Charge Amount: \$ _____

- One Time Charge Amount For Event: \$ _____

Event Name & Date: _____

***Please note there will be a 3% assessment fee for all credit card transactions.**

I, the undersigned agree, understand, and authorize Costeaux French Bakery, Inc. to charge my credit card as indicated above. I understand these charges will appear on my credit card statement under the name of Costeaux French Bakery, Inc. and I accept full financial responsibility for payment and noted fee.

Signature of Cardholder: _____ Date: _____

Return completed form and required documents to ar@costeaux.com or fax 707.433.1955