Please Fax Form to: 818-407-4757 Or email to: david@sweetd.com

I hereby authorize Sweet Deal to make repeat charges to the credit card below for each transaction. This authority will remain in effect until Sweet Deal is notified by me in writing to cancel it.

	Mastercard		Visa	
CC#			Exp. Date	/
Up to the following amount pe	r transaction: \$		ccv	
Cardholder Name:				
Billing Address:	**************************************	- 10 10 10 10	<u> </u>	<u> </u>
Telephone:				
I agree to pay the repe according to the card i	at transaction a ssuer agreeme	mount, up to nt.	the amount	provided above,
Date	Cardholder Signature			