



**Customer Name:** \_\_\_\_\_

**Class Name and Date:** \_\_\_\_\_

**Credit Card Type (circle)**    Visa            Mastercard            Amex            Discover

**Card Number** \_\_\_\_\_

**Expiration** \_\_\_\_\_

**CVV ID Number** \_\_\_\_\_

Additional card information:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

I authorize Sullivan St. Bakery to charge the above card

**Amount** \_\_\_\_\_

**Date** \_\_\_\_\_

**Cardholder Signature** \_\_\_\_\_

Please complete and return to  
[peterh@sullivanstreetbakery.com](mailto:peterh@sullivanstreetbakery.com)

**Thank you for your payment!**