

Selland's Market Cafe
Credit Card Authorization Form

I, _____, hereby authorize Selland's Market Cafe to charge my credit card account in the amount not to exceed \$ _____.

Gift Card Purchase

Credit Card Number: _____ Expiration Date: _____ / _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ - _____ email: _____

Cardholder's Signature

Date

Gift Card Info:

From: _____ To: _____

Address (if different from above): _____

Notes: _____

Selland's Market Cafe
East Sacramento (t) 916-736-3333 (f) 916-736-3488
El Dorado Hills (t) 932-5025 (f) 916-932-5020
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