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## CREDIT CARD AUTHORIZATION

**PLEASE READ THIS BEFORE YOU CONTINUE: FORM MUST BE COMPLETED IN FULL, SIGNED BY AN AUTHORIZED USER OF THE CREDIT CARD, ALONG WITH A CLEAR COPY OF THE CREDIT CARD AND AUTHORIZED USER DRIVER'S LICENSE OR PASSPORT PAGE SHOWING SIGNATURE AND PICTURE, FAXED OR EMAILED TO BABC BEFORE ANY ORDER CAN BE MADE OR PROCESSED. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WILL NOT BE ABLE TO PROCESS YOUR ORDER.**

I \_\_\_\_\_ hereby authorize Buenos Aires Bakery & Café  
(Miami Beach/Pembroke Pines) to charge my credit card.

VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER  
(Please select one)

Credit Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_      3-4 Digit code: \_\_\_\_\_

Billing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized amount to be charged \$ \_\_\_\_\_ (\$1.75 processing fee will be added)

I certify that the above statements and information made in the agreement are true and correct to the best of my knowledge. I also certify that I am authorized to effect charges to the above credit card number. In case of any issues or disputes concerning this transaction, I will notify BABC promptly to rectify the situation prior to notifying my credit card company.

\_\_\_\_\_  
Name of Cardholder: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person or company picking up order if card holder is not picking up the order  
\_\_\_\_\_