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Credit Card Authorization Form

Company Name: _____

Name on Credit Card: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Shipping Address (If same as billing, do not fill out):

Shipping Address: _____

City: _____ State: _____ Zipcode: _____

Credit Card Type: VISA / AMEX / MASTERCARD / OTHER (_____)

Card Number: _____

Exp Date: _____ CVV Code: _____

Signature: _____ Date: ____/____/____

BY SIGNING THIS FORM, I AGREE TO PAY ALL THE CHARGES INCLUDING SHIPPING AND HANDLING CHARGES. THE UNDERSIGNED ABOVE CONFIRMS THAT HE/SHE IS AUTHORIZED TO APPROVE AND ACCEPT THE RESPONSIBILITY OF THE TERMS AND CONDITIONS HEREIN.