

One Time Credit Card Payment Authorization Form

Please complete, sign and date this form to authorize Tea for 2 to make a one-time charge to your credit card.

By signing this form, you give us permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your credit card charge account.

Address:	I		authorize Tea for 2 to cha	rge my credit card account indicated
Address:	below for(amount)	on or after(date)		
Card Type: Card Holder Name:				none#
Card Type: Card Holder Name:	Address:	Mobile#		
Card Holder Name:	City, State, Zip		I	Email
Card Number: Expiration Date: Billing Zip Code: CVV Number: Discover, Mastercard, Visa American Express American Express			Card Ty	pe:
Card Number: Expiration Date: Billing Zip Code: CVV Number: Discover, Mastercard, Visa American Express	Card Holder Name:		AMERICANI	
Billing Zip Code: Discover, Mastercard, Visa American Express	Card Number:		EXPRESS	Master Caro
Billing Zip Code: Discover, Mastercard, Visa American Express	Expiration Date:			DISCOVER.
CVV Number:	Billing Zip Code:			NETWORK
American Express	CVV Number:	Discover, Mastercard, Visa		
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3 Digit Card Verification Number 4 Digit Card Verification Number		3 Digit Card Verification Number	200,000 200	

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being denied, I understand that Tea for 2 may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. I will not dispute Tea for 2's billing with my credit card issuer so long as the transaction corresponds to the terms indicated in this agreement.

SIGNATURE

DATE _