



43 W 29<sup>th</sup> Street  
New York, NY 10001  
Tel:212-889-0869

## Credit Card Authorization For One-Time Charges

**\*Please fill in the information and sign below, send to leiajewelry@gmail.com:**

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Shipping Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Security Code (CV): \_\_\_\_\_

Amount Allowed to charge:

I authorized **Leia Jewelry, Inc.** to initiate a one-time charge to the credit card indicated above for the amounts of all purchases transactions with **Leia Jewelry, Inc.** I also requested **Leia Jewelry, Inc.** ship out my order with USPS **without insurance and signature.** In case of shipment **lost, damaged or missed** I do not need **Leia Jewelry Inc** to take any responsibility

Cardholder Signature:

Date:

Highly Confidential