

C-R-E-A-M

VAPOR

AUTHORIZATION FOR CREDIT CARD USE

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential

Company Name: _____

Name on Card: _____

Billing Address: _____

(Including Zip Code) _____

Credit Card Type: Visa MasterCard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize _____ to charge the credit card listed above herein for all corresponding invoices. I agree to pay for all purchases in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

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