VooDoo Smoke Shop, Co.®

800-876-3596 • www.VooDooSmokeShop.com

Bill To		Ship To	
Business Name		Business Name	
Address		Address	
City		City	
State	Zip	State	Zip
Phone No.		Email	
Email		P.O. No.	

Payment terms are Prepaid: Visa, Mastercard, Discover, Amex, and Paypal

Type of Business: _____

Item No.	Quantity	Description	Unit Price	Sub-Total
			Sales Tax	
			Shipping	
			Total	

Visa: ❑ Mastercard: ❑ Amex: ❑ Discover: ❑

Customer Name: _____ Account No. _____

Expiration Date: _____ CVV2 _____

(3 digit number on back of Visa/MC, 4 digits on front of AMEX)

SIGNATURE _____ DATE _____

I authorize the above named business or its affiliates to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Fax completed Form to 800-876-4907 or send via email to WholeSale@VooDooSmokeShop.com