



Vapamore Credit Card Authorization Form

All information remains confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover Amex

Card Number: _____

Expiration Date: _____

Card Identification Number (3 Digit Number Visa, Mastercard, Discover 4 Digit For Amex): _____

Keep This Card On File For Future Orders: Yes No

I Authorize Vapamore To Charge My Credit Card Provided Herein. I Agree That I Will Pay In Accordance With The Issuing Bank Cardholder Agreement.

Cardholder: Print Name, Sign And Date Bellow

Name: _____

Signature: _____

Date: _____

RETURN TO:

Vapamore Fax 480-951-8902 - E-mail Sales@vapamore.com