



Credit Card On-File Authorization Form

Name of Business: _____

Name on Card: _____

Type of Card: Visa ___ MC ___ Amex ___ Discover ___ Other _____

Account number _____

Expiration Date _____

Security Code _____

Billing

Address _____

Phone Number _____

By signing this form, I authorize **Smoking Sales LLC/The Cloud Supply** to charge/credit the account listed above and keep the information on file for all future orders. I understand that there are no refunds or exchanges without prior written consent from **Smoking Sales LLC/The Cloud Supply**. This authority will remain in effect until I have given written notice that I am terminating this contract, or until **Smoking Sales LLC/The Cloud Supply** has notified me that this deposit service has been discontinued. I understand that I must give advanced notice to allow reasonable time for my instruction to be executed.

If an incorrect deposit should be made into my bank account, I authorize my bank and **Smoking Sales LLC/The Cloud Supply** to make the appropriate adjustment(s).

Signed: _____ Date: _____

Name of Signer: _____

We also require an Image/Scan of the card being used and Identification of the account holder for account verification. Please Email the completed form along with the Images/Scans request to your account representative or the email below.