Payment Authorization Form

Business Name: _____

Name on Card: _____ _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please circle one:

AMEX Discover MasterCard Visa

Card #: _____ Exp: CVV:

I authorize Carolina Cigar Distributors to charge the above-referenced card for merchandise ordered:

_____

Print Name

_____ _____

Signature Date

Revised 9/8/24