

Kingstar Supplies, Inc.

19809 Hamilton Ave., Torrance, CA 90502
Phone: 800-573-9352 Fax: 310-515-9901



CREDIT CARD AUTHORIZATION FORM

Instruction

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Print this form and sign with the credit card holder's signature on the line indicated.
3. Fax this form to our fax number 310-515-9901, or email to: sales@smokengift.com to complete your order.

Card Holder Name: _____

Credit Card Billing Address:

Address: _____

City: _____ **State:** _____

Zip Code: _____ - _____ **Country (if not USA):** _____

Requested Shipping Address (if different from billing address):

Address: _____

City: _____ **State:** _____

Zip Code: _____ - _____ **Country (if not USA):** _____

As a credit card holder, I hereby authorize Kingstar Supplies, Inc. to charge the following credit card for all of my orders unless otherwise requested.

Credit Card: Visa Mastercard American Express Discover Card

Credit Card Number: _____ **Verification No.:** _____

Expiration Date: _____

Signature: _____ **Date:** _____

