

**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:** \_\_\_\_\_ **Varification No.:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

