

Wednesday, February 4, 2026



Vendor ACH Payment Information Form

Provide your information to receive payments via ACH transfer. All details will be kept confidential and used solely for payment processing.

Contact Person Name Mike Bugiloli

Business or Vendor Legal Name Paradise Vapors

Contact Email Address ParadiseVaporsLLC@gmail.com

Contact Phone Number (706) 575-1169

Mailing Address (for remittance) 7000 Pine Forest Road, Suite B
Pensecola, FL, 32526

Bank Name Regions Bank

Account Type Business Checking

Account Holder Name (as registered with bank) Mike Buglioli

Bank Routing Number 062000019

Bank Account Number 0193751257

I authorize the above information to be used for ACH payment processing and confirm its accuracy. Accepted

Upload a voided check or bank verification letter



**Please download the W9 form from the IRS website here:
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>**

Upload W9 Here



W9 form filled out.pdf