

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