

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.

<b>Contact Person Name</b>	Mike Bugiloli
<b>Business or Vendor Legal Name</b>	Paradise Vapors
<b>Contact Email Address</b>	ParadiseVaporsLLC@gmail.com
<b>Contact Phone Number</b>	(706) 575-1169
<b>Mailing Address (for remittance)</b>	7000 Pine Forest Road, Suite B Pensecola, FL, 32526
<b>Bank Name</b>	Regions Bank
<b>Account Type</b>	Business Checking
<b>Account Holder Name (as registered with bank)</b>	Mike Buglioli
<b>Bank Routing Number</b>	062000019
<b>Bank Account Number</b>	0193751257
<b>I authorize the above information to be used for ACH payment processing and confirm its accuracy.</b>	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