



**Customer Information Form**

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Tax Id # \_\_\_\_\_

License # \_\_\_\_\_

***Please fax, email, or mail a copy of your most recent Tobacco License/Permit.***

Is your company...

- A Retailer
- A Wholesaler/Distributor

If you are a retailer, who is/are your distributors?

\_\_\_\_\_  
\_\_\_\_\_

How would you like your Invoice?

- Mail
- Fax
- Email

A.P. Contact \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Payment Method

- COD (cash on delivery has a \$9.00 fee on all orders except for freight shipments)
- EFT (electronic funds transfer)
- Credit Card (Visa, MasterCard)

Credit Card Type: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_

Please use this space to inform us of any special instructions regarding your order. Thank you!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_