



Direct Buy Tobacco



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!

