



HCI DISTRIBUTION CUSTOMER INFORMATION

Name of Business: _____

Owner/Manager: _____

Contact Person: _____

Billing Address: _____

Shipping Address: _____

Business Phone #: _____ Business Fax #: _____

Contact Phone #: _____ Contact Fax #: _____

E-mail Address: _____

Stamp Type: _____
(State, Tribal, Native American)

State/Tribal Tobacco Tax Compact? (YES) or (NO) Please send copies of any tribal affiliation and/or whether your business is tax exempt or paying state taxes.

Additional Information: _____

Comments: _____

PLEASE DO NOT WRITE BELOW THIS LINE.

Payment Method: _____
(check, money order, EFT, wire transfer, other)

Terms: _____
(Net 7 days EFT, Prepay, Payment on Pickup, other)