



APPLICATION FOR A WHOLESALE ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|-----------------------------|--------------|--------------|--------|
| Company name: | | | |
| Name and Title: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | State: | ZIP Code: | |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

PAYMENT INFORMATION

| | | | |
|--|--------------|-----------|-----|
| Primary Shipping address: | | | |
| City: | State: | ZIP Code: | |
| How long at current address? | | | |
| Telephone: | Fax: | E-mail: | |
| *Payment Information Visa/ Master Card/ Amex | | | |
| Card Number | Phone: | | |
| Billing Address | | | CCV |
| City: | State: | ZIP Code: | |
| *Federal Tax ID Number | | | |
| *Business License Number | State Filed: | | |

BUSINESS/TRADE REFERENCES

| | | | |
|------------------|--------|-----------|--|
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | |
| Phone: | Fax: | E-mail: | |

AGREEMENT

1. All invoices are to be paid **"DUE UPON RECEIPT"** Before any Shipments are made, 4 Box Min on first order.
2. Claims arising from invoices must be made within three working days.
3. By submitting this application, you authorize Carolina Blue Cigars to make inquiries into the banking and business/trade references that you have supplied. Prices will not go below MSRP Set by Carolina Blue Cigars unless notified.
4. Consignment orders require a 25% deposit on Full MSPR plus shipping before any products will be shipped NO DISCOUNT will be applied difference in balance will be adjusted after 30 days payment is due on that day.
5. Please email all information to billing@carolinabluecigars.com

SIGNATURES

| | |
|---------------------|-----------------|
| Sales Rep: Date: | Title: Date: |
|---------------------|-----------------|