



New Wholesale Vendors Agreement

Vendor Name: _____

Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____

Company Fax: _____

SALES TAX ID: _____

TOBACCO TAX ID: _____

*** ALL TAXES WILL BE PAID BY CUSTOMER FOR THEIR STATE REQUIRMENTS***

PLEASE SUBMIT A PHOTO COPY OF YOU TOBACCO LICENSE IN YOUR STATE

PHOTO COPY OF TOBACCO LICENSE