

PLEASE COMPLETE & RETURN VIA FAX
TO DIANE @ (513) 662-8808

American Western Cigar Co.
2575 Queen City Avenue
Cincinnati, OH 45238
PH: (513) 662-8802
FAX: (513) 662-8808

NEW ACCOUNT SET-UP FORM

Company Name:			
	Tax ID#		DUNS #
Nature of Tobacco/ Tobacco Prod. Business:	<input type="checkbox"/> Master Distributor <input type="checkbox"/> Distributor <input type="checkbox"/> Broker <input type="checkbox"/> Wholesaler <input type="checkbox"/> Exporter <input type="checkbox"/> Retailer (Type: <input type="checkbox"/> Store Front <input type="checkbox"/> Catalogue <input type="checkbox"/> Internet)		
Tobacco Resale License:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Copy Attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Distrib / Whls License:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Copy Attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
License #(s):			
Tax Exempt Purchases:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Copy Attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		
Incorporation Information:	Date Incorporated		State Incorporated
Address:			
City / State / Zip:			
Phone:	()		
Fax:	()		
Owner / President / Officer:			
Billing Address:			
Shipping Address:			
Purchasing Contact:		Phone: ()	Primary Email:
Payables Contact:		Phone: ()	
Authorized to Purchase:		Title:	
		Title:	
		Title:	

# Yrs present location:		Requested Terms:	<input type="checkbox"/> Standard <input type="checkbox"/> Credit Card <input type="checkbox"/> COD		
# Locations:		Requested Credit Line:	\$		
# Employees:		If Credit Card, type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AmX		
		#		EXP:	/

TRADE REFERENCES (Please fill in completely or attach reference sheet and sign below.)

Name:		Phone:	()
Address:		Acct #:	
City / State / Zip:		Terms:	

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City / State / Zip:		Terms:	

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Address:		Acct #:	
City / State / Zip:		Terms:	

BANK REFERENCE (Please fill in completely or attach reference sheet and sign below.)

Name:		Phone:	()
Address:		Acct #:	
City / State / Zip:		Contact:	

A service charge of 2% per month will be assessed on all past due accounts. This application represents that the above information to the best of the applicant's knowledge is accurate and authorizes American Western to verify information by use of credit reporting agencies and/or bank and trade references listed above. Applicant's signature attests financial responsibility and willingness to pay all invoices in accordance with American Western's published Terms and Conditions. American Western Standard Terms are noted in detail on the Terms & Conditions Statement page in the current Price Book. American Western may suspend terms and shipments in the event of past due accounts.

By (Signature):		Title:	
Print Name:		Date:	