



Manufactured By:  
RSB Tobacco

# Customer Sheet

Date

Contact Name

Business Name \_\_\_\_\_

Tax Id No. \_\_\_\_\_

Billing Address \_\_\_\_\_

(PO Box Street Address)

\_\_\_\_\_  
(City, State, Zip)

Shipping Address \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State, Zip)

Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Fax \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Location of Branches ( if applicable)

\_\_\_\_\_  
Primary Geographic Trade Area

No. of Retail Accounts

\_\_\_\_\_

No. of Sales People

\_\_\_\_\_

Name of Sales Manager

\_\_\_\_\_

Name of Buyer

\_\_\_\_\_

Preferred Method of Payment

Check

COD

Wire Transfer (please complete Authorization Agreement for ACH for Debits Form)

Credit Card

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Card Holder Name \_\_\_\_\_ Zip \_\_\_\_\_