



## New Account Application

### **Billing Information:**

Company Name:							
DBA (If different):							
Address:							
Suite, Unit, etc.							
City:		State:		Zip:			
Phone:		Fax:		Website ( <i>if applicable</i> ):			

### **Shipping Information:** (if different than Billing Information):

*Please note: City of Palms will only ship to the address for which a license has been provided.*

Address:							
Suite, Unit, etc.							
City:		State:		Zip:			

### **Licensing Information:** (*copy of license must accompany application*)

License Type:		License #:				
*If applicable/available, do you wish for CPCD to collect and pay OTP taxes on your orders?					Yes	No:

*\*Only available in CA, OH, RI, and TX; all other states are responsible for paying their own taxes.*

### **Contact Information:**

Owner Name:							
Phone:		Cell:					
Email address:				Do we have permission to send emails and marketing information to this address:			
Manager Name:							
Phone:		Cell:					
Email address:				Do we have permission to send emails and marketing information to this address:			
Buyer Name:							
Phone:		Cell:					
Email address:				Do we have permission to send emails and marketing information to this address:			

Store Open Days:	
Store Open Hours:	

*City of Palms Cigar Distribution will not sell or share your information with any third party companies.*