



ORDER FORM

2010 Crow Canyon Place, Suite 100
 San Ramon, CA 94583
 Phone 888-28-SMOKE Fax (925) 215-9538

Please fill out order form and submit with check, money order, bank check or credit card information.

BILL TO: Name: _____ Company: _____ Address: _____ City, State, ZIP Code: _____ Phone: _____ Date of Birth: _____ E-Mail: _____	SHIP TO: Name: _____ Company: _____ Address: _____ City, State, ZIP Code: _____ Phone: _____ E-Mail: _____
---	---

IF USING A CREDIT CARD
Credit Card Number: _____ Expiration Date: _____ CVV2 Code: _____ (last 3 digit on the back of most cards and a 4 digit on front of Amex card) Date of Birth: _____ Signature of Card Holder: _____

PAYMENT BY
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Bank Check

QTY	SKU NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

1. * Sales Tax is for California residents only. Add 8.5% 2. ** Shipping is UPS 2 nd Day or UPS Ground. On order form ordering the shipping fee is a flat rate. 3. By FAX: (925) 831-9327 (credit card only) 4. By Mail: Send this form to: The Cigar Store, Inc. 2010 Crow Canyon Place, Suite 100 San Ramon, CA 94583	SUBTOTAL	
	* SALES TAX	
	** UPS GROUND SHIPPING & HANDLING ADD \$8.95	
	** UPS 2 ND DAY SHIPPING & HANDLING ADD \$21.95	
	TOTAL	

Authorized by _____

Date _____