



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: _____
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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

Credit Card
 Check
 Money Order
 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) 215-9538 (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 (HAWAII & ALASKA RATE IS \$28.95)	
	** UPS 2 ND DAY SHIPPING & HANDLING ADD \$21.95	
	TOTAL	

Authorized by _____

Date _____