CIGAR DOMAIN WHOLESALE APPLICATION				
Please include photocopies of all	of the folowing documents that apply:	☐ Tobacco Permit☐ State/Federal Sales Tax License☐ Resale Certificate		
BUSINESS INFORMATION				
BUSINES NAME				
OWNER NAME				
ADDRESS				
CITY	STATE	ZIP		
PHONE	EMAIL			
	BILLING INFORMATION	ON		
NAME ON CREDIT CARD				
HOME PHONE	CELL PHONE			
ADDRESS				
CITY	STATE	ZIP		
EMAIL				
ADDITIONAL INFORMATION				
ATTACHMENTS				
You may include multiple copies o	f the following attachments if needed:	☐ Banking Information ☐ Trade References		

For Instructions Please See Page 2

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CIGAR DOMAIN WHOLESALE APPLICATION

Thank you for choosing to establish an account with Cigar Domain.

Please complete the attached application and return it to us by Fax or Mail.

To fax, address your Cigar Domain material to (610) 559–7248 using your letterhead as the cover page. If you wish to mail your information please address it to:

Cigar Domain
90 Mort Drive
Easton, Pennsylvania 18040

After reviewing and processing your application (usually within three business days), a Cigar Domain representative will contact you to complete the process and provide you with log in information for the Cigar Domain Website, www.CigarDomain.com. Here you can check inventory, place an order, obtain cigar pricing, and provide you with any additional information you may require.

If you have any questions concerning Cigar Domain or the application please call us at (800) 564–2523.

Again, thank you for your interest in Cigar Domain. We are looking forward to providing you with the freshest cigars and meeting all of your cigar needs with World Class Service.

Form: CD-WA v 1

Sincerely,

Cigar Domain

CIGAR DOMAIN WHOLESALE APPLICATION					
Please include at least two Banking Information:					
BANKING INFORMATION					
BANK NAME					
ACCOUNT NUMBER	ACCOUNT TYPE				
	ACCOUNTTILE				
ADDRESS					
CITY	STATE	ZIP			
PHONE					
BANK NAME					
ACCOUNT NUMBER	ACCOUNT TYPE				
ADDRESS					
CITY	STATE	ZIP			
PHONE					
BANK NAME					
ACCOUNT NUMBER	ACCOUNT TYPE				
ADDRESS					
CITY	STATE	ZIP			
PHONE					

Form: CD–WA v 1 Attachment A

CIGAR DOMAIN WHOLESALE APPLICATION				
Please include at least two Trade References:				
TRADE REFERENCES				
COMPANY NAME				
CONTACT				
ADDRESS				
CITY	STATE	ZIP		
PHONE	EMAIL			
COMPANY NAME				
CONTACT				
ADDRESS				
CITY	STATE	ZIP		
PHONE	EMAIL			
COMPANY NAME				
CONTACT				
ADDRESS				
CITY	STATE	ZIP		
PHONE	EMAIL			

For Instructions Please See Page 1