



**Credit Card Bid Deposit &  
License Submission Form  
Tobacco Online Auction  
April 30 – May 4, 2018**

Customer ID: \_\_\_\_\_

Please type or clearly print information in form below. **Along with this form, attach your NJ State Distributor's License (Stamping Agent), as well as proof of registration for NJ wholesale Tobacco Products Tax. (page 1 of 2)**

<b>Bidder Full Name:</b>	
<b>Email Address:</b>	
<b>Name as it appears on credit card:</b>	<b>Business Name (if applicable):</b>
<b>Billing Address of credit card:</b>	<b>Buyer Mailing Address (if different from billing address):</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Deposit Type (check one):</b> <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
<b>Credit Card Number:</b>	
<b>Expiration Date (MM/YY):</b>	The bid deposit is an authorization only for the stated amount which Will only be charged in the case of default. Bank wire and cashier's Check are the only acceptable forms of final payment.
<b>Card Verification Code:</b>	<i>ADMINISTRATIVE USE ONLY</i>
<b>Charge Amount:</b> Deposit: <u>\$5,000.00</u>	<b>Deposit \$ 5,000</b>
<b>How did you Hear About the Auction?</b>	

**\*All items are offered AS-IS WHERE-IS without warranty or guarantee of any kind.\***

I acknowledge that my signature below authorizes CWS to charge the required deposit amount indicated to my credit card. This places a "hold" of the required deposit amount of on my credit card. I understand that in the case of default/non-payment my card will be charged the above stated deposit amount. I further acknowledge that if I am not a successful bidder, the funds authorization will be voided by CWS; however, a funds hold in the deposit amount may be placed on my account by my banking institution lasting up to 30 days. In addition, I understand that the full bid amount must be paid via bank wire transfer or cashier's check only. My signature on this form further indicates that I have read and understand all the Terms and Conditions of Sale and agree to thereby be bound by said Terms and Conditions of this sale and any other sale in which I choose to participate. I understand that I will be contacted via email with auction access information upon receipt of deposit.

<b>Signature:</b>	<b>Date:</b>
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Completed form and appropriate deposit must be received NO LATER THAN 3:00pm EST the day prior to the sale via email or fax to the CWS Marketing Group at the below contacts.

**Email Form To: [wires@cwsams.com](mailto:wires@cwsams.com) or Fax: 571-408-2601**  
**Questions: [service@cwsmarketing.com](mailto:service@cwsmarketing.com) or 855-463-3183 x1**

**TO BE ELIGIBLE TO BID, COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT IT ALONG WITH ASSOCIATED DEPOSIT BY CREDIT CARD. ALSO INCLUDE NJ CIGARETTE DISTRIBUTOR LICENSE AND PROOF OF REGISTRATION FOR NJ WHOLESALE TOBACCO PRODUCTS TAX. INCOMPLETE FORMS WILL RESULT IN A DELAY IN PROCESSING YOUR REGISTRATION AND MAY PREVENT YOU FROM BIDDING IN THE AUCTION.**



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**Bidder Full Name:**

**INSERT COPY OF PHOTO ID  
HERE**

**INSERT COPY OF FRONT  
OF CC HERE**

**INSERT COPY OF BACK  
OF CC HERE**

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