

Hello Cigar Retailers,

Welcome to Casdagli Cigars USA. To establish an account set-up for your business unit, please fill out the following information and return to us prior to leaving the event or email to: MichaelC@casdaglicigars.com

General information:

Tobacco License # for State location: _____

Name of Retail Organization: _____

Name of Owner/Manager : _____

Best Email : _____ 2nd Email : _____

Cell Phone # _____ Work # _____

Confirmation of shipping address at your location of Business:

Street: _____

City: _____ State: _____ Zip Code: _____

Payment information for ordering:

Name on Card: _____

Business Name on Card: _____

CC # _____

Exp Date: _____ Security Code: _____

Billing address registered to the card:

Street: _____

City: _____ State: _____ Zip: _____



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