SNUS		ars of age or older as may t in General Snus. Now let's	s go ahead and get you regi
Fill out all the informatio below and attach a cop of your state or federal	У	2 Then just mail or e Swedish Match PO Box 986 Owensboro, KY 423 info@generalsnus.c	02
FIRST NAME		LAST NAME	
ADDRESS			
СІТҮ ST	ATE ZIP	DATE OF BIRTH (MM/DD/YYYY)	
FMAIL ADDRESS		PHONE NUMBER (OPTIONAL)	
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Are you 21 or older? By signing below, you agree to c I CERTIFY THAT I AM 21 YEARS OF SIGNATURE (REQUIRED) This form can be emailed or scanned but s DO YOU USE ANY OTH Which products do you use? Chi MOIST SNUFF/DIP (COPE, GRIZZLY, LONGHORN) E-CIGARETTES/VAPE	AGE OR OLDER: ignatures may not be e-signed. All signatu ER TOBACCO/NICOTIN eck all that apply. SNUS (CAMEL, GENERAL) CIGARETTES ONAL CONTENT?	IIIS, visit https://www.General res must be handwritten. IE PRODUCTS? I NICOTINE POUCHES CIGARS	DATE DATE CHEWING TOBACCO/ LOOSE LEAF (AMERICA'S BEST CHEW, LEVI)

WARNING: Smokeless tobacco is addictive.