Member Cigarette and Tobacco Certification Form



Name of Business: _			
Primary's Costco M	embership #:		
Primary's Name:			
Member's Tobacco Retailer License #:(If Applicable)		Expiration Date: (If Applicable)	
Member's Resale License #:Ex		Expiration Date:	
(If Applicable)		(If Applicable)	
Print Full Name:(Owner or Officer)		Date of Birth: (MM/DD/YYYY)	
Business Shipping A (City, State, and Zip)	ddress:		
Email Address:Phor		Phone Number:	
For online ordering, pleas	e have this Email registered to the account y	ou plan to use for online orders before submitting this form.	
l,	, hereby confirm	and certify under penalty of perjury as follows:	
	of age or older. Proof of age will be re		
2. I desire to ord	er and receive cigarette and tobacco	products from Costco Business Delivery.	
3. I further confi	rm and understand that:		
a. Signing	a. Signing another person's name to this Certification is a violation of state law.		
b. The purchase of tobacco products by a minor is violation of state law.			
c. The sa	le of tobacco products to a minor is a	violation of state law.	
	(Date)		

Costco Business Delivery can only accept orders for this item from retailers holding a Costco Business membership with state required licensing on file. Licensing must be presented to any local Warehouse or Business Center. Once the appropriate form is submitted, please allow 24-48 hours processing time. If corrections are sent, you will be contacted back via email. Call 1-800-788-9968 should you have any questions or concerns.

Submit Form By:

Email: costcobdorders@costco.com