



SALE AGREEMENT

This is a contract between you and Cousins Distributing, dba Fresh Choice Tobacco Company.

Your Full Name
Your Date of Birth

Your Shipping Address
CITY STATE ZIP

Phone
E-mail <input type="checkbox"/> Check box to receive updates about products & promotions.

Products You Are Buying _____

Today's Payment is \$ _____ plus sales tax of \$ _____ for above items. Remaining balance of \$ _____

Future payments will be billed to account provided on form below on the following date(s)

Agreed on by the following (Your Signature)	Date	Payment Plans MUST meet these conditions: a. The Fresh Choice ECM has 30 day money-back gurantee. b. As long as you buy tobacco from Fresh Choice Tobacco, Cousins Distributing offers an unlimited warranty on this machine. c. If you stop purchasing tobacco from Fresh Choice Tobacco, the remaining balance is due immediately. d. If you miss a payment; the remaining balance is due immediately. (Identification will be verified)
Sale Made By (Our Salesperson)	Date	

To Authorize Automatic WITHDRAWALS from your Savings or Checking bank account	Cousins Distributing ID Number
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I hereby authorize COUSINS DISTRIBUTING, dba Natural Fresh Choice to withdraw funds ("debits")

In any amount For exactly \$ _____ For up to \$ _____ For between \$ _____ and \$ _____

to my checking savings account ("Bank Account") identified below at My Bank identified below through the Automated Clearing House system. I also authorize COUSINS DISTRIBUTING to initiate deposits ("credits") from my Bank Account to correct any errors that may have been made with debits to my Bank Account. I authorize My Bank to process these debits from and credits to my Bank Account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

My Bank Name	My Bank Branch
My Bank's City	My Bank's State
My Bank's Routing number (from check or online)	My Bank Account No.
My Name (as appears on bank account or card)	My Taxpayer ID number

This authorization will remain effective until I give COUSINS DISTRIBUTING written notice to the contrary and COUSINS DISTRIBUTING has had a reasonable period of time to act on that notice. My revocation of COUSINS DISTRIBUTING's authority to initiate debits to my Bank Account will not affect COUSINS DISTRIBUTING's right to initiate credits to my Bank Account to correct or adjust a debit processed before my revocation of authority has become effective.

I warrant to COUSINS DISTRIBUTING and to COUSINS DISTRIBUTING'S Bank, (First Northern Bank) that:		My Signature	Today's Date
<input type="checkbox"/> Only my signature is needed on this authorization to make it effective	<input type="checkbox"/> Everyone whose signature is needed on this authorization to make it effective for my Bank Account has signed it.	Signature of Other Required Signer(s)	Today's Date