

NATURAL
AMERICAN
SPIRIT
CIGARETTES



Age Verification Information Form

PLEASE PRINT CLEARLY (ALL INFORMATION IS REQUIRED)

First Name: _____ Last Name: _____

Shipping Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Female Male

Accepted forms of US Federal or State-issued identification (please check which form of ID you are providing)

- | | | |
|--|--|--|
| <input type="checkbox"/> State Issued Driver's License | <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Veterans Administration Card | <input type="checkbox"/> State Issued Firearms Registration Card | <input type="checkbox"/> US Government Employee Card |
| <input type="checkbox"/> State Issued ID Card | <input type="checkbox"/> State Benefit Card | <input type="checkbox"/> Military ID |
| <input type="checkbox"/> Resident Alien Card | <input type="checkbox"/> Passport | <input type="checkbox"/> Inmate Card |
| <input type="checkbox"/> Tribal ID Card | <input type="checkbox"/> Immigrant Visa | |

NOT VALID WITHOUT A SIGNATURE AND BIRTHDATE! I certify that I am a smoker 21 years of age or older, and that I want to receive offers, coupons, or free tobacco products – where permitted by law – that may be sent through the mail. I certify that my date of birth and address above are correct. I understand that sales of tobacco products to individuals under the legal age are illegal, and that purchase of tobacco products by individuals under the legal minimum age is illegal under state law. I understand that giving false information or signing another person's name in order to accept any Natural American Spirit offers may constitute a violation of the law.

Date of birth: ____/____/____ Today's Date: ____/____/____

Signature: _____

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Age Verification Instructions

If you are a smoker 21 years of age or older, and wish to receive offers for Natural American Spirit products you must:

1. Complete all information on the back of this page.
2. Photocopy your identification, both front and back (see back for a list of accepted forms of ID).
3. Send this completed form and the photocopy of your ID, to:

Santa Fe Natural Tobacco Company
PO Box 25140
Santa Fe, New Mexico 87504

If you have any questions please e-mail us at feedback@sfntc.com or call 1-800-332-5595.

Offer restricted to U.S. smokers 21 years of age or older. Offer good only in USA. Offer void in any location where restricted or prohibited by law or SFNTC policy. Not responsible for lost, late, misdirected, or postage-due mail. Limit one offer per person per 12 months.

ALL REQUESTS SUBJECT TO ACCEPTANCE.

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.