

Free Sample Pack of Cigarettes

Please complete this form and provide a readable photocopy of your picture ID verifying your age is over 21.
Cigarettes samples WILL NOT be sent without complete information and copy of ID.

NAME _____

PHONE _____

ADDRESS _____

FAX _____

E-MAIL _____

CITY _____

STATE _____ ZIP _____

FEATURE BRAND SAMPLES
Please Circle Your Selection Carefully

Brand	Size	Pack	Style	Price
Bronco	King	Soft Pack	FF/LT/UL/MT/ML/NF	\$15.49
	100	Soft Pack	FF/LT/UL/MT/ML	
Seneca	King	Soft Pack	FF/LT/UL/MT/ML/NF	\$11.49
	100	Soft Pack	FF/LT/UL/MT/ML/ULM	
GT One	King	Soft Pack	FF/LT/UL/MT/ML/NF	\$15.49
	100	Soft Pack	FF/LT/UL/MT/ML	
Opal	120's	Box	FF/LT/UL/MT/ML	\$15.99
Desert Sun	King	Soft Pack	FF/LT/UL/MT/ML/NF	\$11.49
	100	Soft Pack	FF/LT/UL/MT/ML	
Unify	King	Soft Pack	FF/LT/UL/MT/ML/NF	\$11.49
	100	Soft Pack	FF/LT/UL/MT/ML	
Niagara	King	Soft Pack	FF/LT/MT/ML/UL	\$11.49
	100	Soft Pack	FF/LT/UL/MT/ML	
Kentucky's Best	King	Soft Pack	FF/LT/UL/MT/ML/NF	\$14.99
	100	Soft Pack	FF/LT/UL/MT/ML	
Tucson	King	Soft Pack	FF/LT/UL/MT/ML/NF/XM	\$12.49
	100	Soft Pack	FF/LT/UL/MT/ML	
Kingsley	King	Soft Pack	FF/LT/UL/MT/ML	\$10.99
	100	Soft Pack	FF/LT/UL/MT/ML	

FF=Full Flavor LT= Light UL=Ultra Light ULM=Ultra Light Menthol MT=Menthol ML=Menthol Light MED=Medium NF=Non-Filter XM=Extra Menthol

Please choose your sample by brand and flavor or we can select a sample for you based on what you are currently smoking.

PLEASE TAKE OUR SURVEY
How did you hear about OTDirect?
 CLASSIFIED INTERNET

 MAGAZINE FRIEND OTHER

What is most important to you?
 FLAVOR PRICE BOTH

Have you purchased cigarettes over the internet or through the mail before?
 YES NO

If yes, when was the last time?
 1 WEEK 1 MONTH

 3 MONTHS 6 MONTHS

What is your usual brand and style?

BRAND _____

FLAVOR _____ KING OR 100'S

Please mail or FAX this request and copy of ID to:

OrderSmokesDirect – Sovereign Seneca Territory via
P.O. Box 150 – Salamanca, NY 14779
FAX: 1-866-897-5890
To Order Your Favorite Brand Today Call:
1-866-215-1069

Please send me the sample I have chosen above or select one for me. My signature below certifies that I am over the age of 21 and have included proof of such with this request.

Signature _____ Date _____ DOB _____

BE SURE TO INCLUDE YOUR PHOTO ID
If you have any questions, Please contact the person that gave you this form:

Name _____ Phone _____ Ref# _____

E-mail _____

If you know anyone who would like a sample, please photocopy this and pass it along! Over 21 ONLY!