

United States Department of Agriculture
Tobacco Transition Assessment

Business Information

Assessment Information

Business Name

Employer Identification Number

Invoice Number

Customer ID

Business Address

Product Type (choose one)

- Cigarettes Roll-Your-Own
 Cigar Chewing Tobacco
 Snuff Pipe Tobacco

City

State

Zip Code

Payment Amount

Contact Information

Point of Contact

First Name

Last Name

Telephone Number

Extension

E-Mail Address

Person Authorizing Payment (if different from Point of Contact)

First Name

Last Name

Telephone Number

Extension

E-Mail Address

Submit Data