



SMALL BATCH CRAFTED in Owensboro, KY

OFFICIAL REGISTRATION / AGE VERIFICATION

Thank you for your interest in Timber Wolf. **Please fill out your information and be sure to attach a copy of your valid state or federal ID.** By filling out this form you are authorizing Pinkerton Tobacco Co. LP to send you future communications via e-mail and direct mail.

Mail this form to:
Pinkerton Tobacco Co. LP
P.O. Box 20941
Owensboro, KY
42304-0941



DOWNLOAD



FILL OUT



ATTACH COPY OF VALID
STATE OR FEDERAL ID



MAIL IN

1. GENERAL INFORMATION

First Name _____ Middle Name _____
Last Name _____ City _____
Address 1 _____ State _____ Zip Code _____
Address 2 _____ Phone Number _____
E-Mail Address _____ Date of Birth ____/____/____

2. MOIST SNUFF PREFERENCE

What brand of moist snuff do you use most often? – *Select One* –

- | | | |
|--|---|--|
| <input type="checkbox"/> Timber Wolf | <input type="checkbox"/> Husky | <input type="checkbox"/> Red Man Moist Snuff |
| <input type="checkbox"/> Timber Wolf Packs | <input type="checkbox"/> Kayak | <input type="checkbox"/> Red Seal |
| <input type="checkbox"/> Copenhagen | <input type="checkbox"/> Kodiak | <input type="checkbox"/> Skoal |
| <input type="checkbox"/> Grizzly | <input type="checkbox"/> Longhorn | <input type="checkbox"/> Skoal Pouches |
| <input type="checkbox"/> Grizzly Pouches | <input type="checkbox"/> Longhorn Pouches | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> None |

On average, how many cans of moist snuff do you use per week? – *Select One* –

- 0 1 2 3 4 5
 6 7 8 9 10+

3. AGE CERTIFICATION

I certify that I am 21 years of age or older:

Signature (Required) _____ Date ____/____/____

Please be sure to attach a copy of your valid state or federal ID.

**WARNING: This product can
cause mouth cancer.**