



# Power Buying Dealers USA

DATE: \_\_\_\_\_

## PBD Tobacco Program Termination Form

Please terminate my Tobacco Program Membership effective \_\_\_\_\_

The final Buydown with PBD that I have participated in was:

\_\_\_\_\_  
( Promotion and Timeframe)

The following are the store names and addresses of the locations I would like to be removed from the PBD Program per my request: (Please include your Philip Morris Control # if possible)

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

Please complete the following section and have it include ALL the distributors/ suppliers that you purchase CIGARETTES from, in order from your Primary to your Secondary and so forth. If there are more than three distributors/ suppliers please supply the necessary information on the back of this form. Thank you.

DISTRIBUTOR #1 \_\_\_\_\_ ACCT. # \_\_\_\_\_  
DISTRIBUTOR #2 \_\_\_\_\_ ACCT. # \_\_\_\_\_  
DISTRIBUTOR #3 \_\_\_\_\_ ACCT. # \_\_\_\_\_

(Please note: If you purchase from Sam's, please indicate the company name you purchase under.)

\_\_\_\_\_  
PBD-Representative

\_\_\_\_\_  
Signature of Chain Owner/ Manager/ Member