

OFFICE OF THE ATTORNEY GENERAL OF THE STATE OF SOUTH CAROLINA
TOBACCO IMPORTER ACCEPTANCE

Bond Assurances

A Written Contract Commencing _____ and ending _____

An Oral Contract or Informal Agreement

Importer's Registered Agent for Service of Process			
BusinessName:		Contact Person:	
Address:			
City:	State:	Zip:	Country:
Phone Number:		E-Mail Address:	

An original letter from the Registered Agent noting his or her service in this capacity must be included with this Form.

Bonding		
Does the Importer submitting this Form have a bond in place to cover escrow liability for sales made in South Carolina during the sales year?	Yes	No

If the answer to the preceding question is "yes," a copy of the bond documents must be included with this Form.

Importer Designee	
Name of Authorized Designee: _____	Title: _____
_____ (Designee Signature)	Date: _____

Notary	
Sworn to and subscribed before me on this day _____ of _____ 4., 202	
(Seal)	_____ Notary Public
My commission expires: _____	

Please mail completed Form with attachments to:

South Carolina Office of the Attorney General
 Tobacco Enforcement Unit
 P.O. Box 11549
 Columbia, SC 29211