

# AFFIDAVIT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

THEN CAME \_\_\_\_\_, and having been duly sworn doth hereby depose and upon oath state as follows:

1. My name is \_\_\_\_\_ and I am the \_\_\_\_\_ (title), of \_\_\_\_\_ (hereinafter, "Creditor"), a business and/or entity that manufactures and/or distributes tobacco, tobacco products, alternative nicotine products and/or electronic nicotine delivery systems and holds a valid Alabama ABC Tobacco Permit, and I make these statements upon personal belief and knowledge.

2. \_\_\_\_\_ (hereinafter "Debtor") is an Alabama ABC Tobacco Permittee that purchased tobacco, tobacco products, alternative nicotine products and/or electronic nicotine delivery systems from Creditor and has failed or refused to pay for such products.

3. The correct Legal name of the said Debtor business and its physical address is:  
\_\_\_\_\_.

4. The invoice due date or the return of the instrument for insufficient funds is: \_\_\_\_\_.

5. The total amount due only for tobacco, tobacco products, alternative nicotine products and/or electronic nicotine delivery systems is: \$ \_\_\_\_\_.

6. I have made the following commercially reasonable attempts to collect this debt:

I contacted/attempted to contact the Debtor by e-mail on these dates: \_\_\_\_\_;  
I contacted/attempted to contact the Debtor by telephone on these dates: \_\_\_\_\_; and/or,  
I contacted/attempted to contact the Debtor by registered mail on these dates: \_\_\_\_\_.  
(Copies of e-mails, letters, etc. should be attached if applicable)

7. As of the undersigned date the Debtor has refused/failed to pay the money due and claimed herein.

8. I acknowledge and affirm that I have a continuing obligation to immediately report any and all payments that I receive from the Debtor for this debt.

Under the penalties of perjury, I/we declare that I/we have read and understood this affidavit and the information provided herein is true, correct and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
\_\_\_\_\_  
Print Notary Name