

Moisten here.

First Name _____ M.I. _____
Last Name _____
Street Address _____
City _____ State _____
Telephone Number _____ (Area Code) _____

Are you: Male Female

YES I want to be eligible to receive FREE gifts and coupons.

Your signature and birthday are required to confirm your eligibility!

OFFER RESTRICTED TO SMOKERS 21 YEARS OF AGE OR OLDER WHO WISH TO PURCHASE CIGARETTES OR RECEIVE THEM FOR TESTING OR EVALUATION PURPOSES

When is your birthday? / / Today's Date / / 01
(Required) MONTH DAY YEAR (Required) MONTH DAY YEAR

I certify that I am a smoker; that I am 21 years of age or older, and that I would like to receive the mail offers, premiums, and/or coupons, as well as cigarettes that I may purchase or that may be sent to me for testing or evaluation purposes. I understand that giving false information in order to accept these offers may constitute a violation of law.

Sign Here 

Signature _____ (Required) FIRST _____ MIDDLE INITIAL _____ LAST _____ 24W

Be sure to answer all questions before sign and return by February 1, 1990.

YOUR USUAL BRAND

- What is your USUAL BRAND of cigarette?

- Is your USUAL BRAND? (X) one
 Menthol Non-Menthol
- Is your USUAL BRAND? (X) one
 Non-Filter Filter/King 100's (Long) 120's (Extra Long)
- Is your USUAL BRAND? (X) one
 Soft Pack Box
- Check (X) one of the following as it appears on the pack.
 Full Flavor Lights/Milds Mediums Ultra Light/Ultralites

- How long have you been smoking your USUAL BRAND? (X) one
 Less than 1 year 2 to 3 years 4 to 5 years
 1 to 2 years 3 to 4 years Over 5 years

- Out of the LAST TEN times you bought cigarettes, how many times did you buy your USUAL BRAND?

Please enter a number between 0 and 10 in the boxes to the right. 

- Is the # of cigarettes you are currently smoking your USUAL BRAND? (X) one
 Yes No

- What was your previous USUAL BRAND of cigarette?

BRANDS YOU BUY

- What is your second choice brand (if any)? _____
(If you don't have a second choice brand, write None in the boxes above.)

- How often do you buy your second choice brand? (X) one

One or two times a WEEK One or two times a MONTH
 One or two times a MONTH I never buy my second choice brand
 One or two times EVER FEW MONTHS I don't have a second choice brand

Check all of the brands you have bought in your own use in the PAST 30 DAYS. (X) all
(If apply. Remember to indicate if you have bought your USUAL BRAND and/or Second
Choice Brand!)

- | | | | |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Benson & Hedges | <input type="checkbox"/> GPC | <input type="checkbox"/> Camel | <input type="checkbox"/> Viceroy |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Generics/Store Brands | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Virginia Slims |
| <input type="checkbox"/> Cambridge | <input type="checkbox"/> Kool | <input type="checkbox"/> Maverick | <input type="checkbox"/> Now |
| <input type="checkbox"/> Camel | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Parliament | <input type="checkbox"/> Pall Mall |
| <input type="checkbox"/> Capri | <input type="checkbox"/> Merit | <input type="checkbox"/> Salem | <input type="checkbox"/> Old Gold |
| <input type="checkbox"/> Carlton | <input type="checkbox"/> Misty | <input type="checkbox"/> Vantage | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Doral | | | |

SHOPPING

- Where do you USUALLY purchase your cigarettes? (X) one
 Convenient Gas Store Supermarket Cigarette Outlet Other _____
- How do you USUALLY purchase cigarettes? (X) one
 By the pack By the carton
- If you went to the store and they were out of your USUAL BRAND, would you... (X) one
 Go to another store to buy your Usual Brand
 Wait until the store had your Usual Brand
 Buy another style or length of your Usual Brand
 Buy a different brand entirely

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