FORM
CD-15

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

# CIGARETTE STAMP ORDER

**Indicate CASH** ☐ **or CHARGE** ☐

Date

From: ACCOUNT NUMBER

Name of Wholesaler

Street

City or Town

State and Zip Code

**FOR DRA USE ONLY**

REQUISITION NO. _____

FILLED BY _____

RECEIPT FOR STAMPS
(To be signed at time of delivery)

Date _____

The undersigned has received the stamps listed on this form.

_____

| QUANTITY | DENOMINATION | AMOUNT | |
|---|---|---|---|
| | A Stamps @ ¢/STAMP | | |
| | B Stamps @ ¢/STAMP | | |
| | Total | | |
| | Discount * | | |
| | Net | | |

ROLL NUMBERS:

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

THIS REQUISITION MUST BE SIGNED BELOW

_____
(Please type or print Licensee or authorized Agent)

## * * * * * NOTICE * * * * *

1. Upon completing the form, the wholesaler will keep the goldenrod copy (4th copy) for their records, and forward the original, canary and pink copies to the Collection Division at the above address.
2. Upon completion of order processing, the Collection Division will return the pink copy with the order.
3. Cash purchases must be by cash, money order, cashier's check or certified check made payable to the State of New Hampshire.
4. Charge purchases cannot exceed 75% of the posted bond and payments are due within 30 days of the date the order is set, including the setting date. Make checks payable to the State of New Hampshire.
5. Stamps which are shipped are done at the wholesaler's expense and risk.

**FOR DRA USE ONLY**

COLLECTION DIVISION
109 Pleasant St, P.O. Box 454
Concord, N.H. 03302-0454
Tele. (603) 271-3701