NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

CIGARETTE STAMP ORDER

Indicate CASH/CHECK □ or CHARGE □

Date ____________ ____________

LICENSE NUMBER ____________________________________________

Name of Wholesaler ___________________________________________

Street _______________________________________________________

City or Town __________________________________________________

State and Zip Code +4 __________________________________________

<table>
<thead>
<tr>
<th>ROLL COUNT</th>
<th>QUANTITY</th>
<th>DENOMINATION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>Stamps @ _______ ¢/STAMP</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>Stamps @ _______ ¢/STAMP</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td>Stamps @ _______ ¢/STAMP</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>Stamps @ _______ ¢/STAMP</td>
<td></td>
</tr>
</tbody>
</table>

ROLL NUMBERS (FOR DRA USE ONLY):
FROM ____________ TO ____________
FROM ____________ TO ____________
FROM ____________ TO ____________
FROM ____________ TO ____________
FROM ____________ TO ____________
FROM ____________ TO ____________
FROM ____________ TO ____________
FROM ____________ TO ____________

Total
Credit Applied
Net

Requisition number must be included in memo section of payment

THIS REQUISITION MUST BE SIGNED BELOW

License or Authorized Agent
Print Signature Name & Title

***** NOTICE *****

1. Upon completing this form, the wholesaler will keep a copy for their records, and forward the original to the Collection Division at the address below.
2. Upon completion of order processing, the Collection Division will return a copy to the wholesaler with the order.
3. Payment methods for cash purchases are: 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 of requisition. Make checks payable to the State of New Hampshire.
5. Stamps which are shipped are done so at the wholesaler’s expense and risk.

NH DRA
COLLECTION DIVISION
109 Pleasant Street, PO Box 454
Concord, NH 03302-0454
Telephone (603) 230-5900
Fax (603) 230-5946

CD-15
Rev 05/2013