



**CIGARETTE STAMP ORDER**

**TYPE OR PRINT**

Wholesaler

Date (mmddyyyy)

Number & Street Address (Physical Location)

License Number

Address (continued)

City / Town

State

Zip Code + 4 (or Canadian Postal Code)

Contact Name

Contact Phone Number

Contact Email

ROLL COUNT	QUANTITY	STAMP TYPE	COST PER STAMP	AMOUNT
3,000		A Stamps	2.23	<input type="text"/>
30,000		B Stamps	1.78	<input type="text"/>
3,000		C Stamps	1.78	<input type="text"/>
			<b>TOTAL</b>	<input type="text"/>

**PAYMENT AND SHIPPING**

Cash/Check     Charge

SHIPPING METHOD  
(Choose one option)

SHIPPING ACCOUNT NUMBER

**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 mail a Tobacco Stamp Order Fulfillment letter.
3. Payment methods for cash purchases are: cash, money order, cashier's check, or certified check made payable to 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.
5. Stamps which are shipped are done so at the wholesaler's expense and risk.

**SIGNATURE - This requisition must be signed**

\_\_\_\_\_  
Licensee or Authorized Agent Signature

\_\_\_\_\_  
Print Signatory Name & Title