

REQUEST FOR CIGARETTE TAX STAMPS

Date: _____

Name: _____

Place of Business: _____

Physical Address: _____

City/State/Zip: _____

Telephone Number: _____

Number of Stamps requested (per 15,000 stamp rolls): _____

Shipment Method: ____Fedex Overnight ____UPS Overnight

Shipping Account Number: _____

Contact Information: _____

Notes: _____

Pricing:

15,000 stamp roll	\$0.30 per stamp	=	\$4500.00
15,000 stamp roll	\$.003 discount	=	\$ -45.00
Grand Total per 15,000 stamp roll		-----	\$4455.00