

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 \$0.20 per stamp = \$3000.00

15,000 stamp roll \$.003 discount = \$ -45.00

Grand Total per 15,000 stamp roll \$2955.00