



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 style="width: 100%; height: 20px;" type="text"/>
30,000		B Stamps	1.78	<input style="width: 100%; height: 20px;" type="text"/>
3,000		C Stamps	1.78	<input style="width: 100%; height: 20px;" type="text"/>
			TOTAL	<input style="width: 100%; height: 20px;" 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 a copy to the Collection Division by fax, email, or deliver to 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 (in ink)

Print Signatory Name & Title

NH DRA COLLECTION DIVISION
109 Pleasant Street, PO Box 454
Concord, NH 03302-0454
Phone: (603) 230-5900 Fax: (603) 230-5946
Email: Stamps@dra.nh.gov