

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CIGARETTE STAMP ORDER

FOR DRA USE ONLY

Indicate CASH or CHARGE

Date _____

From: ACCOUNT NUMBER _____
 Name of Wholesaler _____
 Street _____
 City or Town _____
 State and Zip Code _____

REQUISITION NO. _____

FILLED BY _____

RECEIPT FOR STAMPS
(To be signed at time of delivery)

Date _____

The undersigned has received the stamps listed on this form.

QUANTITY	DENOMINATION	AMOUNT	
	A Stamps @ _____ ¢/STAMP		
	B Stamps @ _____ ¢/STAMP		
	Total		
	Net		

ROLL NUMBERS:

FROM _____ TO _____
 FROM _____ TO _____
 FROM _____ TO _____
 FROM _____ TO _____
 FROM _____ TO _____
 FROM _____ TO _____
 FROM _____ TO _____

THIS REQUISITION MUST BE SIGNED BELOW

(Licensee or authorized Agent)

******* NOTICE *******

1. Upon completing the form, the wholesaler will keep the goldenrod copy (4th copy) for their records, and forward the original, canary and pink copies to the Collection Division at the above address.
2. Upon completion of order processing, the Collection Division will return the pink copy with the order.
3. Cash purchases must be by 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 the order is set, including the setting date. Make checks payable to the State of New Hampshire.
5. Stamps which are shipped are done at the wholesaler's expense and risk.

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COLLECTION DIVISION
 109 Pleasant Street, P.O. Box 454
 Concord, N.H. 03302-0454
 Tele. (603) 271-3701