

**TOWN OF NEW MARKET**  
**Cigarette Tax Stamp Order Form**

**WHOLESALE INFORMATION:**

Trade Name: \_\_\_\_\_  
Ship To Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SHIPPER INFORMATION:**

Name: \_\_\_\_\_  
Account Number to be Charged: \_\_\_\_\_

**RETAILER(S) SERVICED:**

Trade Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Trade Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**TYPE OF STAMP**

**QUANTITY**

**PRICE**

|                 |       |  |          |
|-----------------|-------|--|----------|
| Machine Applied | _____ | 1 roll (15,000)  | \$6,000  |
|                 |       | If less than one roll,<br>please indicate quantity<br>_____ @ \$0.40 per stamp | \$ _____ |

Pre-payment of orders is required. Any shipping costs incurred are also the responsibility of the wholesaler.