CIGARETTE TAX STAMP ORDER FORM (DISTRIBUTORS)

Business Name:	Federal Tax ID #:	BPOL/STC-10C #: N/A	(Office Use Only - Business Tax Unit)
Street Address:	Wholesaler:YesNo		
City:	State:	Zip Code:	Reseller:YesNo If Reseller BPOL #: Approved By: Approval Date:
Contact Person:	Phone Number:	Email:	

	Quantity	Stamps	Roll Tax Value	Tax Value
1		Rolls (20) (15,000 stamps @ \$.50) @	\$7,500 Ea.	\$
2		Rolls (25) (15,000 stamps @ \$.625) @	\$9,375 Ea.	\$
3	Total Tax Value This Order (Sum of Lines 1 & 2):			\$
4	Amount Due: \$			
5	Amount Paid*: \$			

Shipping Instructions (Verify Terms with Courier)			
Courier Name:	Account # (For Billing Purposes):		
Shipping Insurance Required? Yes / No	If Shipping Insurance, Amount:		
Authorized Signature:	Date:		

Mail Order Form City of Richmond and Payment* or Attn: Cash Operations Unit – Cigarette Tax Stamps Bring in Person 900 E. Broad Street, Room 102 to: Richmond, VA 23219

(Office Use Only - Cash Operations Unit)				
Date Order Received:	Check #:			
Beginning Serial #:	Ending Serial #:			
Courier Shipping/Tracking #:				
CASHIER: USE MISCELLANEOUS FIN034 - CIGARETTE TAX 0100-02510-41018-1159				

^{*} Payment is accepted in multiple forms. Business and personal checks are accepted but will require a period to clear – as such they are not recommended for in person orders. Payments made with cashier's checks, credit/debit, cash, or ACH/wire transfer will be fulfilled immediately. For ACH/wire instructions please contact the Cash Operations Unit at (804) 646-6498.