CIGARETTE SHELF TAX STAMP ORDER FORM (RETAILERS)

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

	Quantity	Stamps	Roll Tax Value	Tax Value
1		Sheet (20) (80 stamps @ \$.50) @	\$40.00 Ea.	\$
2		Sheet (25) (80 stamps @ \$.625) @	\$50.00 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.