

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CIGARETTE STAMP ORDER

FOR DRA USE ONLY

Indicate CASH/CHECK or CHARGE

Date _____

LICENSE NUMBER _____

Name of Wholesaler _____

Street _____

City or Town _____

State and Zip Code +4 _____

REQUISITION NO. _____

FILLED BY _____

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

Requisition
Date: _____

The undersigned has received the stamps
listed on this form.

ROLL COUNT	QUANTITY	DENOMINATION	AMOUNT
		A Stamps @ _____ ¢/STAMP	
		B Stamps @ _____ ¢/STAMP	
		C Stamps @ _____ ¢/STAMP	
		D Stamps @ _____ ¢/STAMP	

Total

Credit Applied

Net

ROLL NUMBERS (FOR DRA USE ONLY):

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

Requisition number must be included in memo section of payment.

THIS REQUISITION MUST BE SIGNED BELOW

Licensee or Authorized Agent

Print Signatory Name & Title

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

1. Upon completing this form, the wholesaler will keep a copy for their records, and forward the original to the Collection Division at the address below.
2. Upon completion of order processing, the Collection Division will return a copy to the wholesaler with the order.
3. Payment methods for cash purchases are: 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 of requisition. Make checks payable to the State of New Hampshire.
5. Stamps which are shipped are done so at the wholesaler's expense and risk.

FOR DRA USE ONLY

NH DRA
COLLECTION DIVISION
109 Pleasant Street, PO Box 454
Concord, NH 03302-0454
Telephone (603) 230-5900
Fax (603) 230-5946