

Cigarette Tax Stamp Order Form

Business Name:			
Business Address:			
Business Phone Number:	Email:		
Federal Tax ID #:	Contact Pei	rson:	
Signature:			

The above named hereby applies to Sharon Keeler, Treasurer, for the following number of rolls/sheets of Cigarette Tax Stamps.

	Stamp	Quantity	Cost Per	Total		
1.	Heat Applied (Sold in rolls of 15,000)		\$5,700/Roll	\$		
2.	Self-Adhesive (Sold in sheets of 150)		\$57.00/Sheet	\$		
3.		\$				
4.	Amount Due: \$					
5.	Amount Paid: \$					

Shipping Instructions (Verify Terms with Courier)

Courier Name:				Account # (For Billing Purposes)					
Shipping Insurance Required? Y		Ν	Insurance Amount:						
Authorized Signat	ture:							Date:	

	and Payment in Person to:	Clarke County Treasurer 101 Chalmers Court Berryville, VA 22611	Mail Order Form and Payment to:	Clarke County Treasurer PO Box 537 Berryville, VA 22611
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Office Use Only

Beginning Serial #:		Ending Serial #:	
Date Payment Received:		Amount Received:	
Pick Up or Mailed Date	Courier/Shipping Tracking #		