

TOWN OF MIDDLETOWN
Cigarette Excise Tax Stamp Order Request

WHOLESALER IDENTIFICATION

Trade Name: _____
Cigarette Tax Account Number: _____
Mailing Address: _____

Contact Person: _____ Phone#: _____
Email Address: _____ FAX#: _____

Complete the following information and mail, with check in the amount due, to:

Town of Middletown
7875 Church Street
Middletown, Virginia 22645

The above named applicant hereby applies to the Town of Middletown for the purchase of the following Cigarette Tax Stamps:

_____ Rolls (15,000 stamps per roll) @\$4500.00 each \$ _____
_____ Individual Stamps @\$0.30 each \$ _____

Sub-total \$ _____

Less volume discount of five per cent for orders of 15,000 and over - \$ _____

Total Tax \$ _____

Postage Fee \$ _____
\$5.95

Total Amount Due \$ _____

(PRINTED NAME AND TITLE) (SIGNATURE) (DATE OF REQUEST)

FOR OFFICE USE ONLY

Beginning Serial Number: _____ Ending Serial Number: _____

Date Payment Received: _____ If not, Picked Up, Mail Date: _____

(Signature)

(Date)

Treasurer, Town of Middletown