

Wholesaler: _____ License No: _____

Please send the following quantities of Nevada cigarette tax stamps on _____
(Date)
_____ via our direct bill account number: _____

() United Parcel Service () Airborne Express () Federal Express () Other _____

All stamp orders will be sent overnight delivery unless otherwise specified. Billing invoice will be sent with the stamp order.

Attention: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fuson Stamp (10's) :

<u>No. Sheets</u>	<u>No. Stamps</u>	<u>Value of Stamps</u>
_____	_____	at \$.40 each _____
		Less 0.5 percent discount _____
		Total amount for 10's _____

Fuson Stamp (20's) :

<u>No. Rolls / Sheets</u>	<u>No. Stamps</u>	<u>Value of Stamps</u>
_____	_____	at \$.80 each _____
		Less 0.5% or .005 discount _____
		Total amount for 20's _____

Fuson Stamp (25's) :

<u>No. Rolls</u>	<u>No. Stamps</u>	<u>Value of Stamps</u>
_____	_____	at \$ 1.00 each _____
		Less 0.5 percent discount _____
		Total amount for 25's _____

Tribal Stamps (No Charge)

<u>No. Rolls</u>	<u>No. Stamps</u>
_____	_____

**TOTAL AMOUNT
OF THIS PURCHASE
ORDER** \$ _____

Authorized Signature (Signature on File)

Date

Mail or fax to: Cigarette stamp order, Attn: **Shirley Harvey**, Department of Taxation, 1550 E. College Parkway
Carson City NV 89706. Fax No. 775-684-2020. Business No. 775-684-2129.