

ORDER FORM FOR CIGARETTE TAX INDICIA

Trade Name _____

Street Address _____

City, State, Zip _____

Date Ordered _____

FOR OFFICE USE ONLY	
Invoice No.	_____
Date Issued	_____
Stamp No.	_____

Charge Purchase

Cash Purchase

Fed Ex _____

Account Number

UPS

	# of Rolls	Gross Amount	Discount .55%	Net Amount
Fuson - 20s				
Fuson - 25s				
			Total Due	

Signature _____