



216230049

Purchaser's Name		Date
Address		
City	State	Zip code +4
E-mail address		
License No.: <b>TW-</b>		

Check one

Cash Purchase     Credit Purchase    Purchaser's Order No.: \_\_\_\_\_

**DO NOT USE SPACE BELOW**

**PLEASE FURNISH MARYLAND STATE CIGARETTE TAX STAMPS AS SPECIFIED BELOW:**  
(Machine applied stamps must be ordered in rolls of 30,000 stamps each.)

QUANTITY	MACHINE APPLIED STAMPS	VALUE	DISCOUNT	NET AMOUNT	SERIAL NUMBERS From                  To
	STATEWIDE                  \$3.75	\$	\$	\$	
MACHINE APPLIED STAMPS MUST BE ORDERED IN ROLLS OF 7,200 STAMPS EACH:					
M-	STATEWIDE                  \$4.38	\$	\$	\$	
QUANTITY	HAND APPLIED STAMPS	VALUE	DISCOUNT	NET AMOUNT	SERIAL NUMBERS From                  To
HAND APPLIED (fuson) STAMPS MUST BE ORDERED ON PADS OF 7,500					
	STATEWIDE (fuson) \$3.75	\$	\$	\$	
<b>TOTALS: FOR ALL STAMPS ORDERED</b>		\$	\$	\$	<b>CREDIT NOS. USED</b>
<b>TOTAL AMOUNT OF CREDIT USED</b>				\$	
<b>NET AMOUNT</b>				\$	
<b>SHIPPING COST</b>				\$	
<b>TOTAL AMOUNT DUE</b>				\$	

**DO NOT SEND CURRENCY.** Unless you have arranged credit and given bond, attach a certified check, cashier's check or post office money order for the net amount of this purchase payable to the Comptroller of Maryland.

Delivery: (check one)

Our Messenger     Please Ship\*

THIS ORDER WILL NOT BE FILLED UNLESS SIGNED. ALL SIGNATURES MUST AGREE WITH SIGNATURE CARD. ALL ORDERS ARE SOLD F.O.B. SHIPPING POINT (COMPTROLLER OF MARYLAND'S OFFICE COMPLEX CARRIER PICKUP LOCATION, ANNAPOLIS, MD).

\*F.O.B. Shipping Point or "free on board" shipping point means the title of the cigarette tax stamps is transferred to the purchaser once the stamps are in the possession of the carrier. At that point, the Comptroller of Maryland is no longer responsible for any loss, damage, or theft of the cigarette tax stamps. The purchaser is responsible for shipping costs and any supplemental insurance required to replace the cigarette tax stamps in the event they are stolen, lost, or damaged, before being received by the purchaser.

Official signature of purchaser: \_\_\_\_\_

Order filled by: \_\_\_\_\_ Delivered to: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of persons picking up stamps

**Contact Information:**

COMPTROLLER OF MARYLAND  
FIELD ENFORCEMENT BUREAU  
LICENSING AND REGISTRATION UNIT  
PO BOX 2999  
ANNAPOLIS, MD 21404-2999

410-260-7215 / 800-MD-TAXES  
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ATT@marylandtaxes.gov  
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