



TOWN OF BERRYVILLE
101 Chalmers Court, Suite A
Berryville, VA 22611
Phone (540) 955-1099 Fax (540) 955-4524

CIGARETTE TAX STAMP ORDER FORM

Business Name:	Federal Tax ID #:	BPOL/STC-10C #: N/A	(Office Use Only - Business Tax Unit) Wholesaler: __Yes __No Reseller: __Yes __No If Reseller BPOL #: _____ Approved By: _____ Approval Date: _____
Street Address:			
City:	State:	Zip Code:	
Contact Person:	Phone Number:	Email:	

	Quantity	Stamps	Roll Tax Value	Tax Value
1		Rolls (15,000 stamps @ \$.10)	\$1,500 Ea.	\$
2		Individual Stamps (@ \$.10)	\$.10 Ea.	\$
3		Total Tax Value This Order (Sum of Lines 1 & 2):		\$
4		USPS Postage	\$63 per roll:	\$
5			Amount Due:	\$

FEDEX Shipping Instructions	
FEDEX	Account # :
Shipping Insurance Required? ____ Yes / ____ No	If Shipping Insurance, Amount:
Authorized Signature:	Date:

**Mail Order Form
and Payment or
Bring in Person
in Person to:**

**Town of Berryville
Attn: Cigarette Tax Stamps
101 Chalmers Ct, Suite A
Berryville, VA 22611**

(Office Use Only)	
Date Order Received:	Check #: Amount: \$
Beginning Serial #:	Ending Serial #:
Courier Shipping/Tracking #:	
Date Picked Up/Mailed:	