



210C50049

| | | |
|------------------------|-------|----------------|
| Name of Company | | License Number |
| Company Street Address | | |
| City | State | Zip Code +4 |

The following signature(s) (is, are) of person(s) authorized to sign requisitions for Maryland Cigarette Tax Stamps.

Messengers or other persons authorized to pick up stamps must sign here.

Signature _____

Signature _____

Print Name _____

Print Name _____

E-Mail Address _____

E-Mail Address _____

Phone Number _____

Phone Number _____

Signature _____

Signature _____

Print Name _____

Print Name _____

E-Mail Address _____

E-Mail Address _____

Phone Number _____

Phone Number _____

Signature _____

Signature _____

Print Name _____

Print Name _____

E-Mail Address _____

E-Mail Address _____

Phone Number _____

Phone Number _____

I hereby certify that the above are the genuine signatures of those authorized to sign on behalf of _____
Corporate name

Signature of Corporate Officer

Print Name and Title of Corporate Officer

Date

Mail completed form to:
Comptroller of Maryland
Field Enforcement Bureau
Licensing and Registration Unit
PO Box 2999
Annapolis, MD 21404-2999

Contact Information:
410-260-7215 or 800-MD-TAXES
ATT@marylandtaxes.gov
www.marylandtaxes.gov

Notice of change of signature must be given immediately. This form must be updated yearly.