



## Cigarettes and E-Cigarettes Delivery Sales Statement

### Seller

Sales tax permit number ■	Cigarette/Tobacco permit number	Outlet number	Date of sale
Business name			
Business location			
City	County	State	ZIP code
Email or web page address			

As a fully authorized representative, I am the \_\_\_\_\_ for the above named business. I'm over 18 years of age, am competent to make this statement, and have personal knowledge of the facts stated therein. I hereby certify that no Texas cigarette tax is due on the cigarette packages enclosed in this shipment that is to be delivered to the name and address in the "purchaser" section of this form mentioned below. I am familiar with Texas law regarding the delivery sales of cigarettes and e-cigarettes and all applicable tax laws by the Texas Tax Code and the Texas Health and Safety Code. The content within this package is in full compliance with Chapters 151 and 154 of the Texas Tax Code and Chapter 161 of the Texas Health and Safety Code. I certify that I am authorized to sign this statement on behalf of the business named above.

### Purchaser

Legal name			
Delivery or mailing address			
City	State	ZIP code	Daytime phone number

### Delivery Service Provider

Name	Invoice #		
Address			
City	State	ZIP code	
Email address			

Please, retain for your records.

You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address above or call 1-800-862-2260.