



Martinsville
A CITY WITHOUT LIMITS

Office of the Commissioner of the Revenue

Ruth L. Easley, MCR

55 W. Church Street, Room 101 · P.O. Box 1222 · Martinsville, VA 24114

Phone: (276) 403-5131 · Fax: (276) 403-4337

CIGARETTE TAX DISTRIBUTOR REGISTRATION FORM

COMPANY NAME: _____ **FEIN:** _____

ADDRESS: _____

CONTACT NAME: _____ **PHONE:** _____

E-MAIL: _____ **FAX:** _____

RETAIL CUSTOMERS TO WHOM YOU DISTRIBUTE CIGARETTES IN THE CITY OF MARTINSVILLE, VA

TRADE NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ PHONE: _____

TRADE NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ PHONE: _____

TRADE NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ PHONE: _____

TRADE NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ PHONE: _____