



DEPARTMENT OF REVENUE USE ONLY
Date Received

APPLICATION FOR DEFERRED PAYMENT OF CIGARETTE TAX

Business Name				Federal Employer Identification Number (FEIN)
				Business Identification Number (BIN)
Physical Street Address	City	State	ZIP Code	License Number
Mailing Address (if different than above)	City	State	ZIP Code	Telephone Number ()

As provided in Oregon Revised Statute 323.175, the undersigned, a duly licensed Oregon cigarette distributor, hereby applies for deferred payment of Cigarette Tax in an amount not to exceed \$_____ in any one calendar month.

This application is accompanied by a surety bond executed by a corporation authorized to engage in business as a surety company in Oregon under the provisions of ORS 323.110.

Name of Surety Company	Bond Number
Address (City, State, ZIP Code)	Amount of Bond* \$

***Note:** Amount of bond must be equal to twice the amount of estimated credit purchased in any one month.

I understand that in lieu of a surety bond, lawful money of the United States, or acceptable securities in an equal amount may be deposited with the State Treasurer.

Signature of Distributor or Representative X	Date	
PRINT Name Signed Above	Title	Telephone Number ()

Mail completed application for deferred payment and surety bond to:

**CIGARETTE TAX
OREGON DEPARTMENT OF REVENUE
PO BOX 12471
SALEM OR 97309-0471**