

Electronic Cigarette Product - Distributor Certification

Distributor/Supplier/Wholesaler

Distributor Name:	
Address:	
City, State, Zip:	
Email Address:	
Phone:	

Dealer/Retailer

Dealer/Retailer Name:	
Address:	
City, State, Zip:	
Email Address:	
Phone:	

I hereby certify thatengages in the business of distributingElectronic Cigarette Products toin Montgomery County,Maryland.is responsible for paying monthly Electronic CigaretteExcise Taxes on the taxable items thatdistributes, suppliesor sells wholesale to.

Distributor/Supplier Signature	Title	Date
Print Name	Signatory's Email Address	