

**ALCOHOLIC BEVERAGE CONTROL
STATE TAX COMMISSION
P.O. BOX 540
MADISON, MS 39130-0540**

Date: _____

SPECIAL PURCHASE ORDER

Name of Permit Holder: _____
(Exactly as name appears on permit)

Address: _____

Permit No.: _____

Phone No.: _____

To: Alcoholic Beverage Control
Attention: Purchasing Department
P.O. Box 540
Madison, MS 39130-0540

Authorization Code: _____
(for accounts on draft status)

Please purchase the following special order and ship as soon as possible. Prices charged to Permit Holder are determined by the prices quoted to Miss-ABC at the time the order is placed with the supplier.

No. of Cases	Sizes Bottles	Code	Brand Name	Proof	Age	Price Per Case	Total

Sub-Total \$ _____

7% Tax _____

TOTAL PRICE _____

Signature of Permittee