

1ST STOP, INC.  
MONTH END CIGARETTE COUNT

STORE: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Type</u>	<u># of Cartons</u>	<u># of Packs</u>
Branded	_____	_____
Basic, Cambridge, Doral	_____	_____
GPC, Misty, Pall Mall, Viceroy	_____	_____
Coronas	_____	_____
Durant	_____	_____
Wave, USA Gold	_____	_____

Note: Cigarette counts should be done at the beginning of the day on the first day of the month.

Signature of Person Doing Count: \_\_\_\_\_

FORM #: 0900