VITA-SUBSCRIPTION

INVOICE

#INV-0000

BILLED TO

[Customer Name]
[Street Address]
[City, State, Zip]
[Email Address]

SUBSCRIPTION DETAILS

Plan: [Plan Name]
Billing Date: [Month DD, YYYY]
Next Cycle: [Month DD, YYYY]
Status: [Paid/Pending]

Description	Qty	Price	Amount
Monthly Personalized Vitamin Pack [List of specific supplements included]	1	$0.00	$0.00
Bio-available Vitamin D3/K2 Booster [Add-on item description]	1	$0.00	$0.00

Subtotal $0.00
Shipping $0.00
Total $0.00

Thank you for choosing VITA-SUBSCRIPTION for your wellness journey.

For support, contact support@vitasubscription.com or visit our website.