VAPE SHOP NAME

123 Cloud Avenue
City, State, Zip
Email: sales@shop.com

INVOICE

#INV-0000
Date: [Date]

Billed To:

[Customer Name]
[Customer Address]
[Contact Number]

Description	Nicotine Strength	Qty	Unit Price	Amount
Vape Mod / Device	-	0	$0.00	$0.00
E-Liquid Premium 60ml	3mg	0	$0.00	$0.00
Replacement Coils (Pack)	-	0	$0.00	$0.00
Disposable Kit	5%	0	$0.00	$0.00

Subtotal: $0.00
Sales Tax (0%): $0.00
Total Amount: $0.00

Note: All sales of e-liquids and coils are final. Warranty on hardware applies per manufacturer terms.

Age Verified: Yes [ ]