INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Business Name]
[Address]
[Tax ID/License]

SHIP TO:

[Contact Name]
[Shipping Address]
[Phone Number]

Product Description (Strain/Type)	Batch #	Qty	Unit Price	Total

Subtotal: $0.00

Excise Tax: $0.00
Sales Tax: $0.00

Total: $0.00

Notes: All sales are final. Products must be stored in a cool, dry place. Compliance lab results available upon request.

Thank you for your business!