INVOICE

Vape Inventory Supply Co.

Date: _____

Invoice #: _____

VENDOR:

_____
_____
_____

BILL TO:

_____
_____
_____

BRAND / FLAVOR NAME	NICOTINE (MG)	SIZE (ML)	QTY	UNIT PRICE	TOTAL

Subtotal: $ _____

Tax: $ _____
TOTAL: $ _____

Notes: _____

Terms: Payment due within 30 days. Please include invoice number on remittance.