INVOICE

Vape Liquid Supply Co.

Invoice #: _____

Date: _____

VENDOR:

Address Line 1
City, State, Zip
Contact: (___) ___-____

BILL TO:

Customer Name/Shop
Shipping Address
Tax ID: _____

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

Subtotal: $ _____
Excise Tax: $ _____

Shipping: $ _____
TOTAL: $ _____

Terms: Payment due within ___ days. Compliance with local age verification laws required.

Notes: All sales of liquid products are final. Please inspect shipment for leakage upon arrival.