VAPE SHOP NAME

123 Cloud Street
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

Customer:
Name: _____
ID Verified: [ ] Yes [ ] No

Description (Device, E-Liquid, Coil)	Qty	Nicotine	Unit Price	Total

Subtotal: $_____
Tax: $_____

Total: $_____

SURGEON GENERAL'S WARNING: Quitting smoking now greatly reduces serious risks to your health.
AGE RESTRICTION: Sale to minors prohibited by law. Consumable items (E-liquids/Coils) are non-refundable.

Thank you for your business!