SHIPPING INVOICE

Tobacco Dealer License #: _____

Invoice #: _____

Date: _____

FROM:

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

SHIP TO:

Customer Name: _____

Address: _____

City/State/Zip: _____

ID Verified: [ ] Yes [ ] No

SKU / Product Description	Quantity	Unit Price	Tax (Tobacco/Excise)	Total

SKU / Product Description	Quantity	Unit Price	Tax (Tobacco/Excise)	Total

Subtotal: $_____
Excise Tax: $_____
Shipping: $_____

TOTAL: $_____

FEDERAL & STATE COMPLIANCE NOTICE:

1. SURGEON GENERAL'S WARNING: Tobacco use causes lung cancer, heart disease, and emphysema.

2. This shipment contains tobacco products. An adult signature (21+) is required upon delivery.

3. All applicable state and local excise taxes have been remitted where required by law.

Authorized Signature: _____ Date: _____