INVOICE

STUDIO NAME
Address Line 1
City, State, Zip
Email / Phone

Date: _____

Invoice #: _____

BILL TO:
Name: _____
Phone: _____

ARTIST: _____

Product Description	Qty	Unit Price	Total
Tattoo Aftercare Balm (2oz)	____	$ _____	$ _____
Antimicrobial Foaming Soap	____	$ _____	$ _____
Healing Ointment	____	$ _____	$ _____
SPF 50+ Tattoo Sunscreen	____	$ _____	$ _____

Subtotal: $ _____
Tax: $ _____

Total: $ _____

Payment Method: Cash / Card / Other

Notes: All aftercare product sales are final. Follow the artist's specific instructions for healing.

Thank you for your business!