

SHIPPING TO:

Mail In Services Packing Slip

Quantity	Description	Column1	Column2	
Enclosed / Submitted Online		eCheck	/ Mailed Check	
State Issued ID (Please Circle One)		Payment	Payment (Please Circle One)	
YOUR NAME: STREET ADDRESS: CITY, STATE, ZIP CODE PHONE	e Note: Any packages received that do not include or ha	ve submitted an ID online, will not	If you need additional lines or space, please either print a secondary form or continue on the back of this form.	
WWW.VERMILLION-ENTERI	PRISES.COM			
5324 SPRING HILL DR. SPRING HILL, FL 34606		DATE :		
VERMILLION ENTERPRISES				

If you have any questions or concerns, please call us or use the Text to Chat feature on our website.

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THANK YOU FOR YOUR BUSINESS!