



CLIENT INFORMATION

Email to: info@cannabusinesslabs.us

Entity Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ License # _____ QR Code (Y/N) _____

The above information will appear on the report.

BILLING INFORMATION

Invoice to _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone # _____

The invoice will be emailed to the above email address in addition to being available on the portal.

CONTACTS

First/Last Name _____

Email Address _____ Phone # _____

First/Last Name _____

Email Address _____ Phone # _____

First/Last Name _____

Email Address _____ Phone # _____

First/Last Name _____

Email Address _____ Phone # _____

First/Last Name _____

Email Address _____ Phone # _____

First/Last Name _____

Email Address _____ Phone # _____

These individuals will have access to the portal where you can create orders and view reports.