

Age Verification Affidavit

Please fill out form and sign. Once completed please scan with your computer or take a picture and email to Admin@bombvapor.com

Full Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Date of Birth _____

Disclosure Statement- All Boxes Must Be Checked *

- I certify, under penalty of law that my date of birth entered here is true and correct
- I certify, under penalty of law, that the address listed above is true and correct.
- I certify, under penalty of law, that I will keep my username and password to myself and never give to anyone, especially those under the age of 18.



Under penalty of law, I verify all the information on this form to be true and correct. Sign below. *

Sign Here _____ Date _____