WHOLESALE INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: _____
Date: _____
Order ID: _____
Due Date: _____

BILL TO:

[Client Business Name]
[Contact Name]
[Billing Address]
[Phone/Email]

SHIP TO:

[Warehouse/Facility Name]
[Receiving Manager]
[Shipping Address]
[Freight Instructions]

SKU / Item #	Description	Quantity (Units/Cases)	Unit Price	Discount %	Total

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Subtotal: $0.00
Bulk Discount: ($0.00)
Shipping & Handling: $0.00
Tax: $0.00

Total Amount: $0.00

Terms & Conditions:
Payment terms: [e.g., Net 30]. Please make checks payable to [Company Name].
Late fees may apply to overdue balances. Goods remain property of the seller until paid in full.

Thank you for your business!