INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

Invoice #: ____________
Date: ____________
PO #: ____________
Due Date: ____________

BILL TO

[Customer Name]
[Customer Business Name]
[Address]
[Phone/Email]

SHIP TO

[Recipient Name]
[Shipping Address]
[City, State, Zip]
[Shipping Method]

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

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Subtotal: $0.00
Wholesale Discount: ($0.00)
Shipping & Handling: $0.00
Tax Rate (%): 0.00%
TOTAL DUE: $0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to: **[Company Name]**
Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]
Standard Terms: Net [30] Days. A late fee of [X%] applies to overdue balances.

Thank you for your business. For inventory inquiries or returns, please contact [Email/Phone] within 7 days of delivery.