

ARTISAN STOCK INVOICE

Studio Name: _____

Date: _____

Invoice #: _____

From:

Contact Name: _____

Address: _____

Phone: _____

To (Stockist/Retailer):

Company: _____

Address: _____

Tax ID: _____

SKU / ITEM CODE	PRODUCT DESCRIPTION	QTY	UNIT PRICE	TOTAL

Subtotal: _____

Shipping/Handling: _____

Grand Total: _____

Terms & Conditions: _____

1. Payment is due within days of receipt.
2. Items remain property of the Artisan until paid in full.
3. Please report any damaged stock within 48 hours of delivery.