

WHOLESALE INVOICE

Company Name
123 Business Way
City, State, Zip
Contact: (555) 000-0000

Invoice #: _____
Date: _____
PO #: _____

BILLING INFORMATION

Client Name:
Address:
City, State, Zip:
Tax ID:

SHIPPING DETAILS

Recipient:
Address:
Shipping Method:
Tracking #:

SKU / Item #	Description	Quantity	Unit Price	Total

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Subtotal: \$0.00

Wholesale Discount: (\$0.00)

Shipping & Handling: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

Terms: Net 30. Please make checks payable to "Company Name".
Goods remain the property of the seller until full payment is received.