

INVOICE

Bulk Stationery Supplies Ltd.

Invoice #: _____

Date: _____

Bill To:

Ship To:

Item Description	SKU	Qty (Bulk)	Unit Price	Amount
_____	_____	___	\$___	\$___
_____	_____	___	\$___	\$___
_____	_____	___	\$___	\$___

Subtotal: \$ _____

Bulk Discount: (\$ _____)

Tax: \$ _____

Total: \$ _____

Notes: All items subject to bulk return policy. Payments due within 30 days.

Payment via Bank Transfer: Account # _____ / SWIFT: _____