INVOICE

Wholesale Plumbing Supplies & Hardware

Invoice #: _____

Date: _____

Vendor:

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Bill To:

_____
_____
_____
_____

SKU/Part #	Description	Qty	Unit Price	Total

SKU/Part #	Description	Qty	Unit Price	Total

Subtotal: $ _____
Tax (___%): $ _____
Shipping/Freight: $ _____

Total Amount Due: $ _____

Terms: Net 30 days. Late fees apply after due date.

Notes: Bulk plumbing inventory - check for sealant integrity upon delivery.