

INVOICE

Wholesale Textile & Fabric Supplies

Invoice #: _____

Date: _____

VENDOR / WAREHOUSE

Phone: _____

BILL TO / SHIP TO

Tax ID: _____

Item / SKU	Description (Material, Color, GSM)	Roll/Unit Count	Quantity (Yards/Meters)	Unit Price	Total

Subtotal: \$ _____

Shipping / Freight: \$ _____
Tax (____%): \$ _____
GRAND TOTAL: \$ _____

Terms: Net 30 days unless otherwise specified. Goods remain property of vendor until paid in full.

Notes: _____