

CORPORATE SALES INVOICE

[Your Corporation Name]
[Supply Chain Division]
[Street Address, City, State, Zip]

Invoice #: _____

Date: _____

PO #: _____

BILL TO

[Client Company Name]
[Billing Address]
[City, State, Zip]
Attn: [Accounts Payable]

SHIP TO / WAREHOUSE

[Receiving Facility]
[Shipping Address]
[City, State, Zip]
Attn: [Logistics Manager]

SKU / Product ID	Description	Qty	Unit Price	Total
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SKU / Product ID	Description	Qty	Unit Price	Total
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Subtotal: \$0.00

Shipping & Handling: \$0.00

Tax Rate (%): 0.00%

Balance Due: \$0.00

PAYMENT TERMS & NOTES

Net [30] Days. Please make checks payable to [Corporation Name].

Electronic Transfer (ACH) Details: Bank: [Name] | Account: [Number] | Routing: [Number]

Thank you for your business.