WHOLESALE INVOICE

Company Name
Street Address
City, State, Zip
Tax ID: _____

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

Customer Name
Address
Contact Person
Phone

SHIP TO:

Warehouse/Store Location
Address
Shipping Method
Tracking #

SKU / Item #	Description	Quantity (Units)	Case Qty	Unit Price	Total

SKU / Item #	Description	Quantity (Units)	Case Qty	Unit Price	Total

Subtotal: $0.00
Wholesale Discount: ($0.00)
Shipping & Handling: $0.00
Tax: $0.00

GRAND TOTAL: $0.00

Payment Terms: Net 30 (Unless otherwise specified)

Notes: All claims for shortages or damaged goods must be made within 5 business days of receipt.

Make all checks payable to: **Company Name**