CORPORATE NAME

123 Business Boulevard
City, State, Zip Code
Phone: (555) 000-0000
Email: billing@company.com

INVOICE

Invoice #: _____

Date: _____

PO Number: _____

BILL TO

Customer Name
Address Line 1
City, State, Zip
Attn: Accounts Payable

SHIP TO

Facility Name
Shipping Address
City, State, Zip
Contact: Receiver Name

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $0.00
Shipping & Handling: $0.00
Tax: $0.00
Total Due: $0.00

TERMS & INSTRUCTIONS

Payment Terms: Net 30. Please make checks payable to "Corporate Name".
Wire Transfer Info: Bank Name | Account: XXXXXXXX | Routing: XXXXXXXX
Late fees may apply to overdue balances as per wholesale agreement.