[COMPANY NAME]

Industrial Supplies & Wholesale
[Address Line 1]
[City, State, Zip]
VAT/Tax ID: [Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
PO #: [Purchase Order Number]

BILL TO

[Customer Name]
[Customer Address]
[City, State, Zip]
Attn: [Accounts Payable]

SHIP TO

[Shipping Facility Name]
[Shipping Address]
[City, State, Zip]
Carrier: [Freight/Courier Name]

SKU / Part #	Description	Qty	Unit	Rate	Amount

PAYMENT TERMS & NOTES

Terms: Net [30] Days
Wire Transfer Info: [Bank Name / Account #]
Late fees apply after due date.

Subtotal: $0.00
Shipping: $0.00
Tax: $0.00
TOTAL: $0.00

Goods received in good condition. All claims for shortages or damage must be made within 48 hours of receipt. Title to goods remains with [Company Name] until payment is received in full.