SALES INVOICE

[Distributor Name]
[Street Address]
[City, State, Zip]
Phone: [Phone Number]

Invoice #: _____
Date: _____
P.O. #: _____
Customer ID: _____

Bill To:
[Company Name]
[Street Address]
[City, State, Zip]
Attn: [Contact Person]

Ship To:
[Company Name]
[Street Address]
[City, State, Zip]
Tracking: _____

SKU/Item #	Description	Qty	Unit Price	Amount

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

Total Due: $0.00

Payment Terms: [e.g., Net 30]

Please make checks payable to: [Distributor Name]

Notes: Thank you for your business!