[WHOLESALE COMPANY NAME]

WAREHOUSE & DISTRIBUTION CENTER

INVOICE

Invoice #: _____
Date: _____
PO #: _____

SUPPLIER INFO

[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

BILL TO

[Customer Name]
[Billing Address]
[Phone/Email]

SHIP TO

[Store/Facility Name]
[Shipping Address]
[Carrier / Tracking]

SKU / Item #	Description	Quantity	Unit Type	Unit Price	Total

Subtotal: $0.00
Freight / Shipping: $0.00
Tax: $0.00
Amount Due: $0.00

Payment Terms: Net [30]

Please make checks payable to: [Company Name]. Wire transfer details available upon request.

Goods remain the property of [Company Name] until paid in full.