

INVOICE

[Supplier Name]
[Business Address]
[Tax ID / VAT Number]

Invoice #: [000000]
Order ID: [DS-000]
Date: [MM/DD/YYYY]

RETAILER / BILL TO

[Dropship Store Name]
[Billing Address]
[Email/Phone]

SHIPPING TO (CUSTOMER)

[Customer Name]
[Shipping Address]
[City, State, Zip Code]

SKU	Product Description	Qty	Unit Cost	Total
[SKU-CODE]	[Product Name / Variant]	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Shipping & Handling: \$0.00
Tax: \$0.00
Amount Due: \$0.00

Payment Terms: [Net 30 / Due on Receipt]
Notes: [Dropship fulfillment instructions or return policy link]