

DEPOSIT INVOICE

[Wholesale Company Name]

[Address Line 1]

[Email/Phone]

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

[Customer Name]

[Billing Address]

[Contact Person]

SHIP TO:

[Shipping Address / Store Location]

[Expected Ship Date]

STYLE # / DESCRIPTION	COLOR/SIZE	QTY	UNIT PRICE	TOTAL

Subtotal: \$0.00

Shipping/Handling: \$0.00

Tax: \$0.00

Order Grand Total: \$0.00

DEPOSIT DUE ([00] %): \$0.00

Remaining Balance: \$0.00

Payment Terms: Deposit required to initiate production/allocation. Balance due prior to shipping.

Notes: [Return policy or bank wire instructions]