

# INVOICE

## Distributor Name

123 Business Way  
City, State, Zip  
Contact: (555) 000-0000

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

PO #: \_\_\_\_\_

## Bill To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ship To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKU / Item #	Description	Qty	Unit Price	Total

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$ \_\_\_\_\_  
 Tax: \$ \_\_\_\_\_  
 Shipping: \$ \_\_\_\_\_  
**Grand Total: \$ \_\_\_\_\_**

**Terms & Conditions:**

Payment due within \_\_\_\_ days. Please make checks payable to: \_\_\_\_\_