

INVOICE

Invoice #: _____

Date: _____

WHOLESALER NAME

123 Business Road
City, State, Zip
Tax ID: _____

BILL TO (Retailer):

Contact: _____

SHIP TO:

PO #: _____

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$ _____

Shipping: \$ _____

Tax: \$ _____

Total Due: \$ _____

Terms: Net 30 / Due on Receipt

Payment Instructions: Wire transfer or check payable to [Wholesaler Name].

Thank you for your business!