

# WHOLESALE CO.

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO #: \_\_\_\_\_

**VENDOR / SELLER**

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

**BILL TO / BUYER**

[Customer Name]  
[Street Address]  
[City, State, Zip]  
[Account Number]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: \$0.00  
Tax: \$0.00  
Shipping: \$0.00  
Total Due: \$0.00

**Terms:** Net 30. Please make checks payable to [Company Name].

**Notes:** Goods remain the property of the seller until paid in full.