

WHOLESALE INVOICE

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

Invoice #: [000000]
Date: [MM/DD/YYYY]
PO #: [Reference Number]
Terms: [e.g. Net 30]

BILL TO:

[Customer Name]
[Company Name]
[Street Address]
[City, State, Zip]

SHIP TO:

[Warehouse/Location Name]
[Street Address]
[City, State, Zip]

SKU/Item #	Description	Quantity	Unit Price	Discount (%)	Total

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

Payment Instructions: [Bank Name] | [SWIFT/BIC] | [Account Number]

Please include invoice number with your payment. Goods remain property of [Vendor Name] until paid in full.