

# WHOLESALE INVOICE

[Wholesale Company Name]  
[Business Registration Number]  
[Street Address]  
[City, State, Zip]

**Invoice #:** [00000]

**Date:** [MM/DD/YYYY]

**PO #:** [Purchase Order Num]

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**Bill To:**

[Client Business Name]  
[Contact Name]  
[Address]  
[Tax ID/VAT]

**Ship To:**

[Warehouse/Store Name]  
[Delivery Address]  
[City, State, Zip]

**Terms:**

Payment: [Net 30/COD]  
Shipping: [FOB/EXW]  
Carrier: [Freight Co]

SKU / Item #	Description	Quantity (Units/Cases)	Unit Price	Total
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Subtotal: \$0.00  
Wholesale Discount: (\$0.00)  
Freight/Shipping: \$0.00  
Tax: \$0.00

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**Total Amount: \$0.00**

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**Notes:** All claims for shortages or damaged goods must be made within [X] days of receipt.

**Payment Instructions:** Wire Transfer: [Bank Name] | Account: [Number] | Routing: [Number]