WHOLESALE CONSIGNMENT INVOICE

Invoice #: _____
Date: _____

CONSIGNOR (SELLER)

Name:

Address:

Phone:

CONSIGNEE (WHOLESALER/RETAILER)

Company:

Address:

Tax ID:

SKU / Item Description	Qty	Wholesale Unit Price	Comm. %	Total Due

Subtotal: $ _____
Consignment Fee: $ _____
Net Amount Payable: $ _____

Terms: Payment due upon sale of goods. Unsold items remain property of Consignor and may be returned after _____ days.

Consignor Signature
Consignee Signature