SNEAKER VENDOR

[Street Address]
[City, State, Zip]
[Email/Phone]

INVOICE

#INV-001
Date: [MM/DD/YYYY]

BILL TO

[Client Name]
[Shipping Address]
[Contact Number]

PAYMENT TERMS

Due on Receipt
Payment Method: [Zelle/PayPal/Wire]

DESCRIPTION (MODEL / SKU)	SIZE (US)	QTY	UNIT PRICE	AMOUNT
[Sneaker Model Name & Colorway] DS/New	[Size]	1	$0.00	$0.00
[Sneaker Model Name & Colorway] DS/New	[Size]	1	$0.00	$0.00

Subtotal $0.00
Shipping $0.00
Total Amount $0.00

Authenticity Guaranteed. All items are verified 100% authentic.

Thank you for your business!