

[WHOLESALE BRAND NAME]

CHILDREN'S APPAREL & ACCESSORIES

INVOICE

[00000]
Date: [MM/DD/YYYY]

VENDOR INFORMATION

[Business Address Line 1]
[City, State, Zip]
[Email/Phone]

BILL TO (RETAILER)

[Retailer Name]
[Store Address]
[Contact Email]

SKU	Description	Size Range	Qty (Units)	Unit Price	Total

Subtotal: \$0.00
Shipping: \$0.00
Total Balance: \$0.00

TERMS & CONDITIONS

Payment Due: Net [30] Days. All returns must be authorized within 7 days of delivery.
Shipping Method: [UPS/FedEx/LTL]