

MENSWEAR WHOLESALE

[Brand Name]
[Company Registration No.]
[Contact Email / Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Retailer Name]
[Contact Person]
[Street Address]
[City, Postcode]
[VAT/Tax ID]

SHIP TO

[Warehouse/Store Location]
[Shipping Method]
[Tracking No. Placeholder]

STYLE / SKU	DESCRIPTION	SIZE / PACK	QTY	UNIT PRICE	TOTAL

Subtotal \$0.00
Shipping & Handling \$0.00

Tax / VAT \$0.00

Total Amount Due \$0.00

Payment Terms: [Net 30 / COD / Pro Forma]

Bank Details: [Bank Name] | **SWIFT:** [Code] | **Account:** [Number]

Thank you for your business. Returns accepted within 14 days for manufacturer defects only.