

[BRAND NAME]

Ready To Wear Wholesale

INVOICE

#INV-0000

Date: [Date]

BILL TO

[Client Name]
[Company Name]
[Street Address]
[City, State, Zip]

SHIP TO

[Shipping Name]
[Company Name]
[Street Address]
[City, State, Zip]

SKU / STYLE	DESCRIPTION	SIZE/PACK	QTY	UNIT PRICE	TOTAL

Subtotal: \$0.00
Shipping: \$0.00
Total Due: \$0.00

Terms: Net 30. All returns must be authorized within 7 days of receipt.

Payment: Please make checks payable to [Your Brand Name] or contact for wire details.