

# WHOLESALE INVOICE

Order ID: # \_\_\_\_\_

Date: \_\_\_\_\_

**[Company Name]**  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

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**BILL TO:**

[Client Name]  
[Client Business Name]  
[Address]  
[Tax ID/VAT]

**SHIP TO:**

[Recipient Name]  
[Shipping Address]  
[Shipping Method]  
[Tracking Number]

SKU / Item #	Description	Size/Color	Qty (Units)	Unit Price	Total

Subtotal: \$0.00  
Bulk Discount: (\$0.00)  
Shipping: \$0.00  
Amount Due: \$0.00

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**Terms & Conditions:**

Net [30] Payment Terms. Goods remain property of [Company Name] until paid in full.  
Returns accepted for defective items only within 14 days of receipt.