

INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

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

SHIP TO:

[Shipping Name]
[Shipping Address]
[Tracking Number]

SKU / Item ID	Bracelet Description	Unit Price	Qty (Units)	Total

Subtotal: \$ _____
Wholesale Discount: - \$ _____
Shipping: \$ _____

GRAND TOTAL: \$ _____

Terms & Instructions:

1. Please make checks payable to [Company Name].
2. Net [30/60] payment terms apply.
3. All wholesale returns must be authorized within 7 days of receipt.