

INVOICE

[Company Name]
[Business Address]
[Email/Phone]

Invoice #: _____
Date: _____
PO #: _____

Bill To:

[Customer Name]
[Customer Address]
[Contact Details]

Ship To:

[Shipping Name]
[Shipping Address]
[Shipping Method]

SKU / Item Description	Material/Finish	Qty (Pairs)	Unit Price	Total

Subtotal: \$0.00
Shipping: \$0.00

Total Due: \$0.00

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Returns: Wholesale returns accepted for manufacturing defects only within 14 days of receipt.

Thank you for your business!