

INVOICE

[Manufacturer Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO (WHOLESALER)

[Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

SHIP TO

[Warehouse/Facility Name]
[Shipping Address]
[City, State, Zip]

P.O. Number: _____
Payment Terms: _____
Ship Via: _____
F.O.B.: _____

STYLE #	DESCRIPTION / COLOR	SIZE BREAKDOWN	QTY (UNITS)	UNIT PRICE	TOTAL

Subtotal: \$0.00
Shipping & Handling: \$0.00
Tax: \$0.00
TOTAL DUE: \$0.00

Notes / Wire Transfer Instructions:

[Bank Name] | [Account Number] | [SWIFT/BIC Code]
All claims for shortages or damaged goods must be made within [X] days of receipt.