

[MANUFACTURER NAME]

AUTOMOTIVE COMPONENTS DIVISION

INVOICE

INV-001
Date: [Date]

FROM

[Manufacturer Name]

[Street Address]

[City, State, Zip]

VAT/Tax ID: [ID Number]

BILL TO (WHOLESALER)

[Wholesaler Company Name]

[Street Address]

[City, State, Zip]

Account Ref: [Ref Number]

Part Number	Description	Qty	Unit Price	Total
[SKU-001]	[Component Name / Specifications]	[0]	[\$[0.00]]	[\$[0.00]]
[SKU-002]	[Component Name / Specifications]	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax (0%): \$[0.00]

Shipping: \$[0.00]

Total Due: \$[0.00]

PAYMENT TERMS & INSTRUCTIONS

Net [30] Days. Please include Invoice Number with your Bank Transfer.

Bank: [Bank Name] | SWIFT: [Code] | Account: [Number]