

INVOICE

Manufacturer: [Company Name]
[Facility Address]
[City, State, Zip]
[Tax ID / VAT Number]

Invoice #: [000000]
Date: [YYYY-MM-DD]
PO #: [Purchase Order Number]

Bill To (Wholesaler):

[Entity Name]
[Billing Address]
[Contact Name]
[Phone Number]

Ship To:

[Distribution Center Name]
[Shipping Address]
[Shipping Method / Carrier]
[BOL Number]

SKU / Item #	Description	Quantity (Units)	Unit Price	Total
[Item SKU]	[Product Description Name]	[000]	\$0.00	\$0.00
[Item SKU]	[Product Description Name]	[000]	\$0.00	\$0.00
[Item SKU]	[Product Description Name]	[000]	\$0.00	\$0.00

Subtotal: \$0.00
Bulk Discount: -\$0.00

Freight/Shipping: \$0.00
Tax: \$0.00

Grand Total: \$0.00

Payment Terms: [e.g., Net 30]

Wire Transfer Details: [Bank Name | Account Number | Routing Number]

Notes: [Quality inspection certified. Goods remain property of manufacturer until full payment is received.]