

INVOICE

[Manufacturer Name]
[Address Line 1]
[City, State, Zip]
Tax ID: [00-0000000]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Wholesaler Name]
[Billing Address]
[City, State, Zip]
Contact: [Name/Phone]

SHIP TO:

[Warehouse/DC Name]
[Shipping Address]
[City, State, Zip]
Freight Terms: [FOB/Prepaid]

SKU / Item #	Description	Quantity (Cases)	Unit Price	MSRP	Total

Subtotal: \$0.00
Wholesale Discount: (\$0.00)
Shipping & Handling: \$0.00

Tax: \$0.00

TOTAL DUE: \$0.00

Payment Terms: [Net 30/60]

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

Notes: All goods remain property of [Manufacturer Name] until full payment is received. Late fees apply after due date.