

INVOICE

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

Invoice #: _____
Date: _____
Purchase Order #: _____

Bill To (Wholesaler):

[Company Name]
[Billing Address]
[Contact Person]
[Phone Number]

Ship To:

[Warehouse Location]
[Shipping Address]
[Loading Dock Number]

SKU / Model #	Furniture Description	Quantity	Unit Price	Amount

Subtotal: \$ _____

Bulk Discount: (\$ _____)

Shipping & Freight: \$ _____

Total Payable: \$ _____

Payment Terms: [e.g., Net 30 / 50% Deposit]

Bank Details: [Bank Name] | **Account:** [Number] | **Swift:** [Code]

Notes: All goods remain the property of [Manufacturer Name] until full payment is received. Quality inspection must be completed within 48 hours of delivery.