

MANUFACTURER NAME

123 Industrial Parkway
Engineering District, ST 56789
contact@manufacturer.com

INVOICE

INV-000000
Date: [Date]
PO #: [PO Number]

BILL TO (WHOLESALER)

[Wholesaler Name]
[Street Address]
[City, State, Zip]
Tax ID: [00-000000]

SHIPPING LOGISTICS

Freight Carrier: [Carrier Name]
FOB Point: [Origin/Destination]
Terms: [Net 30/60]

Model / SKU	Description	Quantity	Unit Price	Total
[Model Number]	[Heavy Equipment Description & Serial Numbers]	0	\$0.00	\$0.00
[Part Number]	[Attachment / Auxiliary Component]	0	\$0.00	\$0.00

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

Total Balance: \$0.00

PAYMENT INSTRUCTIONS

Wire Transfer: [Bank Name] | Swift: [Code] | Account: [Number]

Late fees apply after [30] days. Goods remain property of Manufacturer until full payment is received.