

[MANUFACTURER NAME]

[Street Address]
[City, State, Zip]
VAT/Tax ID: [Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
PO #: [0000]

BILL TO (WHOLESALER)

[Wholesaler Name]
[Street Address]
[City, State, Zip]
Attn: [Purchasing Dept]
SHIP TO

[Warehouse Name/No]
[Street Address]
[City, State, Zip]
Shipping Method: [Freight/LTL]

SKU / Part No.	Description	Qty (Units)	Unit Price	Total
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Subtotal: \$0.00
Tax / Duty: \$0.00
Shipping: \$0.00
Total Amount: \$0.00

TERMS & NOTES

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

Wire Transfer Info: [Bank Name] | SWIFT: [Code] | Account: [Number]

Goods remain property of [Manufacturer Name] until paid in full.