

# INVOICE

Invoice #: [000000]

Date: [MM/DD/YYYY]

**[Manufacturer Name]**

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

**Bill To (Regional Wholesaler):**

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

**Ship To:**

[Regional Warehouse Location]  
[Shipping Address]  
**PO Number:** [Reference #]

SKU / Item #	Description	Quantity	Unit Price	Total
[SKU-001]	[Product Name Description]	[0,000]	\$0.00	\$0.00
[SKU-002]	[Product Name Description]	[0,000]	\$0.00	\$0.00

Subtotal: \$0.00  
Volume Discount: (\$0.00)  
Freight/Shipping: \$0.00

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**Balance Due: \$0.00**

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**Payment Terms:** [Net 30 / Net 60]

**Bank Details:** [Bank Name] | **Account:** [00000000] | **Routing:** [00000000]

**Notes:** [FOB Origin / Freight Prepaid / Special Handling Instructions]