

COMMERCIAL INVOICE

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

Invoice #: _____
Date: _____
Account #: _____

BILL TO (WHOLESALER)

[Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

SHIP TO

[Warehouse/Facility Name]
[Delivery Address]
[City, State, Zip]

TRADE CREDIT TERMS

[e.g., Net 30 / 2% 10 Net 30]

DUE DATE

P.O. NUMBER

SHIP VIA

[Carrier Name]

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$0.00
 Trade Discount ([%]): (\$0.00)
 Shipping & Handling: \$0.00
 Tax: \$0.00
 Amount Due: \$0.00

NOTES & CREDIT TERMS

1. Please reference Invoice Number on all remittances.
2. Late payments are subject to a [%] monthly finance charge.
3. Goods remain the property of [Manufacturer Name] until paid in full.
4. Payment Method: [Wire Transfer / ACH / Check]