

[COMPANY NAME]

[Address Line 1]
[City, State, Zip]
[Tax ID / VAT Number]

SHIPPING INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Customer Name]
[Billing Address]
[Contact Email/Phone]

SHIP TO

[Warehouse/Facility Name]
[Shipping Address]
[Loading Dock Instructions]

CARRIER

[Carrier Name]

TRACKING / BOL

[Number]

TERMS

[Net 30/60]

SKU / Item #	Description	Qty (Units/Pallets)	Unit Price	Amount

Subtotal: \$ 0.00
Freight/Shipping: \$ 0.00
Tax: \$ 0.00
Total Due: \$ 0.00

NOTES & TERMS

Please include invoice number with remittance. Goods remain property of [Company Name] until full payment is received. Standard wholesale terms apply.