

WHOLESALE INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / Business Number]

Invoice #: _____

Date: _____

PO #: _____

Account #: _____

BILL TO:

[Client Name]
[Billing Address]
[Phone/Email]

SHIP TO (Multi-Unit Destination):

[Receiver Name/Contact]
[Shipping Address]
[Shipping Method / Carrier]

SKU / Item #	Description	Case Qty	Units/Case	Total Units	Unit Price	Total

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Subtotal: \$ _____
 Wholesale Discount: (\$ _____)
 Shipping & Handling: \$ _____
 Tax: \$ _____
 TOTAL DUE: \$ _____

Payment Terms: Net [30] | **Late Fees:** [Percentage]% after [Days] days.

Notes: Please include invoice number with remittance. Items remain property of [Company Name] until paid in full.