

SHIPPING INVOICE

Invoice #: _____

Date: _____

[Wholesale Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

BILL TO:
[Client Name/Company]
[Billing Address]
[Tax ID / VAT]

SHIP TO:
[Delivery Contact Name]
[Shipping Address]
[Shipping Method]

| SKU / Item # | Description | Quantity | Unit Price | Total |
|--------------|-------------|----------|------------|-------|
|--------------|-------------|----------|------------|-------|

Subtotal: \$0.00
Shipping & Handling: \$0.00
Tax: \$0.00

TOTAL DUE: \$0.00

Payment Terms: [Net 30 / COD / Due on Receipt]

Notes: [Insert return policy or delivery instructions here]

Receiver Signature

Date Received