

# SHIPPING INVOICE

[Wholesale Company Name]

[Street Address]

[City, State, Zip]

[Tax ID / VAT Number]

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

P.O. #: \_\_\_\_\_

Ship Date: \_\_\_\_\_

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## BILL TO

[Customer Name]

[Billing Address]

[City, State, Zip]

[Phone/Email]

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## SHIP TO / CONSIGNEE

[Warehouse/Store Name]

[Shipping Address]

[City, State, Zip]

[Contact Person]

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## CARRIER

[Method/Service]

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## TRACKING / BOL

[Number]

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## PAYMENT TERMS

[e.g. Net 30]

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## TOTAL WEIGHT

[lbs/kg]

SKU / Item #	Description	Qty (Units)	Unit Price	Total
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Subtotal: \$0.00  
Freight/Shipping: \$0.00  
Tax: \$0.00

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**Total Amount: \$0.00**

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Notes: [Insert return policy, storage requirements, or damage claim instructions here]

Thank you for your business.