# INVOICE

**[Wholesale Company Name]**
[Street Address]
[City, State, Zip]
[Phone Number]

**Invoice #:** _____
**Date:** _____
**Due Date:** _____

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**BILL TO:**

[Retailer Name]
[Store Address]
[City, State, Zip]
[Tax ID/VAT]

**SHIP TO:**

[Warehouse/Store Name]
[Shipping Address]
[City, State, Zip]

| SKU / Item # | Description | Qty | Unit Price | Total |
|---|---|---|---|---|
| | Bed Frame - King Size | | | |
| | Nightstand - Oak Finish | | | |
| | Dresser - 6 Drawer | | | |
| | Memory Foam Mattress | | | |

Subtotal: $0.00

Volume Discount: ($0.00)
Shipping/Freight: $0.00

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**GRAND TOTAL: $0.00**

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**Payment Terms:** [e.g., Net 30]
**Notes:** All furniture remains the property of [Company Name] until paid in full. Claims for damaged goods must be filed within 48 hours of delivery.