[WHOLESALE COMPANY NAME]

[Address, City, State, Zip]

INVOICE
[000000]
Date: [DD/MM/YYYY]
Terms: [Net 30]

BILL TO

[Client Name]
[Client Business Name]
[Shipping Address]
[City, State, Zip]
[Tax ID / VAT]

SHIPPING METHOD

[LTL Freight / White Glove / Courier]
Tracking: [Number]
Warehouse: [Location]

SKU	ITEM DESCRIPTION	DIMENSIONS/FINISH	QTY	UNIT PRICE	TOTAL
[SKU-001]	[Product Name Name]	[e.g. Walnut / Brushed Steel]	[0]	$[0.00]	$[0.00]
[SKU-002]	[Product Name Name]	[e.g. Italian Leather / Black]	[0]	$[0.00]	$[0.00]

Subtotal $[0.00]
Wholesale Discount ([0]%) - $[0.00]
Shipping & Handling $[0.00]
Total Amount (USD) $[0.00]

NOTES & TERMS

Please make all checks payable to [Company Name]. For wire transfers, use Routing: [Number] Account: [Number]. Goods remain property of [Company Name] until full payment is received. Claims for damages must be filed within 48 hours of delivery.