INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name/Company]
[Billing Address]
[City, State, Zip]
[Tax ID/VAT]

SHIP TO:

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

SKU / Item Description	Quantity	Unit Price	Total
[Dining Table Model]			
[Dining Chair Set]			

SKU / Item Description	Quantity	Unit Price	Total
[Sideboard / Buffet]			

Subtotal: $0.00
Wholesale Discount: ($0.00)
Freight / Shipping: $0.00

Balance Due: $0.00

Payment Terms: [Net 30 / COD / Wire Transfer]

Notes: All freight claims must be reported within 48 hours of delivery. Thank you for your business!