WHOLESALE INVOICE

Cabinetry & Millwork Supplies

Invoice #: _____

Date: _____

PO #: _____

SELLER

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

BILL TO

Customer Name
Business Address
City, State, Zip
Tax ID / Resale #

Item Code	Description (Door Style/Finish)	Qty	Unit Price	Total

Subtotal: $0.00
Wholesale Disc (%): - $0.00
Shipping/Freight: $0.00
Sales Tax: $0.00

Total Due: $0.00

Terms: Net 30. Please make checks payable to Company Name.

Notes: Please inspect all wood components upon delivery. Claims for damages must be filed within 48 hours of receipt.