INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
PO #: [Reference]

BILL TO:

[Retailer Company Name]
[Billing Address]
[City, State, Zip]
Attn: [Accounts Payable]

SHIP TO:

[Store Location/Warehouse]
[Shipping Address]
[City, State, Zip]
Delivery Date: [MM/DD/YYYY]

SKU / ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
[SKU-001]	[Product Name - e.g., Mid-Century Velvet Sofa] Color: [Blue], Finish: [Oak]	[0]	$0.00	$0.00
[SKU-002]	[Product Name - e.g., Marble Top Dining Table]	[0]	$0.00	$0.00

SKU / ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
[SKU-003]	[Product Name]	[0]	$0.00	$0.00

Subtotal: $0.00
Shipping/Freight: $0.00
Tax: $0.00
Amount Due: $0.00

NOTES & PAYMENT TERMS:

Net [30] Days. Please make checks payable to [Supplier Name].
For wire transfers: [Bank Name] | Routing: [Number] | Account: [Number]