

[YOUR COMPANY NAME]

[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
PO #: [Purchase Order Num]

BILL TO

[Client Company Name]
[Contact Name]
[Billing Address]
[Phone/Email]

SHIP TO

[Warehouse/Store Name]
[Shipping Address]
[Shipping Method]

SKU / Item #	Description	Qty (Units/Cases)	Unit Price	Total
[SKU-001]	[Product Name Description]	[0]	\$0.00	\$0.00
[SKU-002]	[Product Name Description]	[0]	\$0.00	\$0.00
Subtotal				\$0.00
Wholesale Discount ([0]%)				-\$0.00

Shipping & Handling	\$0.00
Sales Tax ([0]%)	\$0.00
Total Due	\$0.00

Payment Terms: [Net 30 / Due on Receipt / etc.]

Notes: [Bank Transfer details or Return Policy info goes here.]