

# WHOLESALE INVOICE

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

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**PO #:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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**Bill To:**

[Customer Company Name]  
[Contact Person]  
[Street Address]  
[City, State, Zip]  
[Phone Number]

**Ship To:**

[Company Name/Warehouse]  
[Recipient Name]  
[Street Address]  
[City, State, Zip]  
[Shipping Method]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: \$ \_\_\_\_\_  
Wholesale Discount: \$ \_\_\_\_\_

Shipping & Handling: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Balance Due: \$ \_\_\_\_\_**

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**Terms & Instructions:**

Payment Terms: [e.g., Net 30]

Payment Method: [Check, Wire Transfer, Credit Card]

Please make all checks payable to: [Supplier Name]

Thank you for your business!