[COMPANY NAME]

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

INVOICE

[00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]
[Tax ID / Account #]

SHIP TO

[Warehouse Name]
[Attn: Department]
[Street Address]
[City, State, Zip]

SKU / Item #	Description	Qty (Units)	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
Tax: $0.00
Total Due: $0.00

PAYMENT INSTRUCTIONS

Payment Terms: [Net 30/COD]
Wire/ACH: [Bank Name] | Routing: [Number] | Account: [Number]
Please include Invoice Number on all remittances.