INVOICE

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

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

Bill To:

[Client Business Name]
[Contact Name]
[Street Address]
[City, State, Zip]

Ship To:

[Warehouse/Facility Name]
[Street Address]
[City, State, Zip]

SKU / Item	Description	Qty	Unit Price	Total
[SKU-001]	[Product Description]	[0]	$0.00	$0.00
[SKU-002]	[Product Description]	[0]	$0.00	$0.00

Subtotal: $0.00
Shipping: $0.00
Tax: $0.00
Total Balance: $0.00

WHOLESALE PAYMENT TERMS

Payment Due: Net [30/60/90] Days

Due Date: [MM/DD/YYYY]

Early Payment Discount: [2%/10 Net 30]

Payment Method: [ACH / Wire Transfer / Check]

Bank Name: [Bank Name]

Account/Routing: [Numbers]

* Late payments are subject to a [0]% monthly interest charge. Title to goods remains with the seller until full payment is received.