WHOLESALE INVOICE

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

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

BILL TO:

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

SHIP TO:

[Client Business Name]
[Warehouse Location]
[Shipping Address]
[Carrier/Method]

SKU / Item #	Description	Unit Type (Case/Pallet)	Qty	Unit Price	Total

Subtotal: $0.00
Bulk Discount (%): -$0.00
Shipping & Handling: $0.00
Tax: $0.00

Total Amount: $0.00

Payment Terms: [Net 30 / COD / Due on Receipt]

Notes: Please include invoice number on all checks. Direct wire transfer details available upon request.