**[Wholesale Business Name]**
[Street Address]
[City, State, Zip]
[Tax ID / VAT Number]

# INVOICE

RECURRING BILLING

No: [Invoice #]

BILL TO

**[Client Company Name]**
[Contact Name]
[Shipping/Billing Address]
[Client Tax ID]

DETAILS

Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Frequency: [Monthly/Quarterly]
PO Number: [PO #]

| SKU | DESCRIPTION | QTY | UNIT PRICE | DISCOUNT | AMOUNT |
|---|---|---|---|---|---|
| [SKU-001] | [Wholesale Product Name/Service Description] | [0] | $0.00 | [0%] | $0.00 |
| [SKU-002] | [Wholesale Product Name/Service Description] | [0] | $0.00 | [0%] | $0.00 |

Subtotal: $0.00
Tax ([0%]): $0.00
Shipping: $0.00
Total Amount: $0.00

## PAYMENT INSTRUCTIONS

Bank: [Name] | Account: [Number] | Routing/SWIFT: [Number]
Please reference Invoice Number on all payments.

*Notes: This is a recurring wholesale agreement invoice. Next billing date: [Date].*