WHOLESALE INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: _____
Date: _____
PO #: _____
Contract #: _____

BILL TO

[Client Company Name]
[Contact Person]
[Address Line 1]
[City, State, Zip]

SHIP TO

[Shipping Destination]
[Shipping Address]
[Delivery Instructions]
Shipping Method: _____

SKU/Item #	Description	Quantity	Unit Price	Discount %	Total

Subtotal: $0.00
Shipping & Handling: $0.00
Tax: $0.00
Total Due: $0.00

PAYMENT TERMS & CONTRACTUAL NOTES

1. Payment is due within [Number] days of invoice date.
2. Late payments are subject to a fee of [Percentage]% per month.
3. Goods remain the property of [Business Name] until full payment is received.
4. Claims for shortages or damaged goods must be made within 48 hours of delivery.

Authorized Signature: _____
Date: _____