INVOICE

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

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Customer Name]
[Address Line 1]
[Address Line 2]
[Contact Phone]

SHIP TO:

[Warehouse/Store Name]
[Delivery Address]
[City, State, Zip]
[Shipping Method]

SKU / ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

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

TOTAL DUE: $0.00

Payment Terms: [e.g., Net 30]
Notes: Goods remain property of [Company Name] until paid in full. Please include invoice number on remittance.