FULFILLMENT INVOICE

[Wholesale Center Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

PO #: _____

BILL TO

[Customer Name]
[Company Name]
[Address]
[Email/Phone]

SHIP TO / FACILITY

[Warehouse/Retailer Name]
[Shipping Address]
[Shipping Method]
[Tracking Info]

SKU / Item #	Description	Quantity	Unit Price	Total

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Subtotal: $0.00
Fulfillment Fee: $0.00
Shipping/Freight: $0.00
Grand Total: $0.00

NOTES & TERMS

Payment is due within [XX] days. Please include the invoice number with your remittance.

Damaged goods must be reported within 48 hours of delivery.