INVOICE

[Invoice Number]

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

BILL TO:
[Customer Name/Company]
[Shipping Address]
[Contact Phone]

Date: [MM/DD/YYYY]
PO Number: [Reference]
Due Date: [MM/DD/YYYY]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $0.00
Wholesale Discount: ($0.00)
Shipping: $0.00

TOTAL: $0.00

Payment Terms: [Net 30 / COD / Wire Transfer]

Notes: Goods remain property of [Company Name] until paid in full. Please include invoice number with payment.