# INVOICE

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

**Invoice #:** _____
**Date:** _____
**PO #:** _____

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**BILL TO:**

_____
_____
_____

**SHIP TO:**

_____
_____
_____

| SKU / Item # | Description | Quantity | Unit Price | Total |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| SKU / Item # | Description | Quantity | Unit Price | Total |
|---|---|---|---|---|
| | | | | |

Subtotal: $ _____
Tax: $ _____
Shipping: $ _____

**TOTAL: $ _____**

**Payment Terms:** _____

**Notes:** _____