TRADE INVOICE

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

Invoice #: ____________
Date: ____________
Account #: ____________

BILL TO: [Customer Name] [Billing Address] [City, State, Zip] [Phone/Email]
SHIP TO: [Warehouse/Store Name] [Shipping Address] [City, State, Zip] [Contact Person]

SKU / Item #	Description	Qty	Unit Price	Total

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

Amount Due: $0.00

CREDIT TERMS & PAYMENT INSTRUCTIONS:

Payment Terms: [e.g., Net 30 / 2% 10 Net 30]
Due Date: ____________________
Interest of [X]% per month will be charged on overdue accounts.
Please make checks payable to: [Wholesaler Name]
Bank Transfer (ACH/Wire): [Bank Name] | Routing: [Number] | Account: [Number]