

INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [Reference Number]
Due Date: [MM/DD/YYYY]

Bill To:

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

Ship To (Logistics):

[Warehouse/Distribution Center]
[Shipping Address]
[Carrier Name]
[Tracking/BOL #]

SKU / Item #	Description	Qty (Units/Cases)	Unit Price	Total

Subtotal: \$0.00
Shipping/Freight: \$0.00
Tax: \$0.00

Total Amount: \$0.00

Payment Terms: [Net 30 / COD / Proforma]

Wire/ACH Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Notes: [Standard logistics declarations, return policies, or freight handling instructions.]