

# INVOICE

**[3PL Provider Name]**  
[Street Address]  
[City, State, Zip]  
[Tax ID / VAT Number]

INVOICE NUMBER [INV-0000]  
DATE [MM/DD/YYYY]  
DUE DATE [MM/DD/YYYY]

---

**BILL TO (WHOLESALER) [Client Company Name]**  
[Billing Address]  
[City, State, Zip]  
[Contact Email/Phone]  
**SHIPPING REFERENCE BOL #:** [00000000]  
**Carrier:** [Carrier Name]  
**Warehouse Location:** [Facility ID]

Service/SKU Description	Quantity/Units	Rate/Unit	Amount
Storage: Pallet Positions (Monthly)	[0]	[\$0.00]	[\$0.00]
Inbound Receiving (LTL/FTL)	[0]	[\$0.00]	[\$0.00]
Wholesale Pick & Pack Fees	[0]	[\$0.00]	[\$0.00]
Outbound Palletization & Shrink Wrap	[0]	[\$0.00]	[\$0.00]
Freight Out (Pass-through)	[1]	[\$0.00]	[\$0.00]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total Amount: \$[0.00]

---

**Payment Terms:** Net [30] Days. Please include invoice number with remittance.

**Wire/ACH Details:** Bank: [Name] | Account: [00000000] | Routing: [00000000]