

INVOICE

Logistics & Wholesale Distribution

Invoice #: _____

Date: _____

PO #: _____

WAREHOUSE / REMIT TO

Company Name

Street Address

City, State, Zip

Phone: (555) 000-0000

BILL TO (CUSTOMER)

Client Name

Street Address

City, State, Zip

Tax ID: _____

SHIPPING INFORMATION

Carrier: _____

Bill of Lading: _____

Pallet Count: _____

PAYMENT TERMS

Due Date: _____

Method: Wire / ACH / Net 30

SKU / Item ID	Description	Qty (Units)	Unit Price	Total

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

Amount Due: \$ 0.00

Notes: All claims for shortages or damaged goods must be made within 48 hours of receipt. Pallet exchange required upon delivery unless otherwise noted.