

WHOLESALE INVOICE

[Your Automotive Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / EIN]

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Customer Name/Shop Name]
[Billing Address]
[Contact Phone]
[Sales Tax Exemption #]

SHIPPING INFO

[Shipping Method / Carrier]
[Delivery Address]
[Tracking Number]
[Payment Terms]

Part # / SKU	Description / Vehicle Fitment	Qty	Unit Price	Total

Subtotal: \$0.00
Core Charges: \$0.00

Shipping/Freight: \$0.00
Total Amount: \$0.00

Terms: All returns subject to a [X]% restocking fee. No returns on electrical components. Warranty covers parts only; labor is not included. Please reference the invoice number for all payment inquiries.