

WHOLESALE INVOICE

[Your Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

Invoice #: _____

Date: _____

Account #: _____

BILL TO:

[Client Business Name]

[Address]

[City, State, Zip]

[Tax ID/EIN]

SHIP TO:

[Shop Name / Location]

[Shipping Address]

[City, State, Zip]

[Contact Person]

Part Number	Description (Year/Make/Model)	Condition	Qty	Unit Price	Total

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Subtotal: \$0.00

Core Charge: \$0.00

Freight/Delivery: \$0.00

Tax: \$0.00

Amount Due: \$0.00

Notes / Return Policy: 20% Restocking fee on non-defective returns. No returns on electrical components or painted parts. Parts must be inspected upon delivery.

Received By: _____ Date: _____