

WHOLESALE PARTS INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

Account #: _____

BILL TO

[Customer Name]
[Business Address]
[City, State, Zip]
[Tax ID/Resale #]

VEHICLE / REFERENCE

VIN: _____

Year/Make/Model: _____

PO #: _____

Part Number	Description	Qty	List Price	Net Price	Total

Part Number	Description	Qty	List Price	Net Price	Total

NOTES / CORE RETURNS

- All returns must be in original packaging.
- No returns on electrical parts.
- Core returns must be drained of fluids.

Subtotal: \$ _____

Core Charge: \$ _____

Tax: \$ _____

Total Due: \$ _____

Received By: _____ Date: _____

Thank you for your business!