

PETWHOLESALE CO.

123 Pet Lane, Suite 500
Business City, ST 12345
contact@petwholesale.com

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Store Name: _____
Contact: _____
Address: _____
Tax ID: _____

SHIP TO

Location: _____
Address: _____
Phone: _____
Shipping Method: _____

SKU / Item ID	Description	Qty	Unit Price	Total
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SKU / Item ID	Description	Qty	Unit Price	Total
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Subtotal: \$ _____
 Shipping & Handling: \$ _____
 Tax: \$ _____
 Total Amount: \$ _____

NOTES / PAYMENT INSTRUCTIONS

Please make checks payable to **PetWholesale Co.**
 Bank Transfer: Routing # _____ Account # _____
 Net 30 terms apply to all wholesale orders unless otherwise specified.