

OFFICESUPPLY CO.

123 Wholesale Blvd
Business District, NY 10001
billing@officesupply.com

INVOICE

Invoice #: [00000]

Frequency: Monthly Recurring

Date: [MM/DD/YYYY]

BILL TO

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

PAYMENT TERMS

Due Date: [Date]
Method: [Wire/ACH/Check]
PO Number: [00000]

SKU	Item Description	Quantity	Unit Price	Total

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Subtotal: \$0.00

Bulk Discount (%): \$0.00

Tax: \$0.00

Shipping/Handling: \$0.00

Total Amount: \$0.00

Notes: This is a recurring wholesale agreement invoice. Prices reflect wholesale contract tier [A/B/C].

Late payments are subject to a [0]% monthly finance charge. Please make checks payable to OfficeSupply Co.