

INVOICE

Wholesale Office Furniture Co.

123 Industrial Way, Suite 100

Contact: sales@example.com

Invoice #: _____

Date: _____

PO #: _____

BILL TO:

SHIP TO:

SKU / ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL

Subtotal: \$ _____

Volume Discount: \$ _____

Shipping & Handling: \$ _____

Tax: \$ _____

BALANCE DUE: \$ _____

Terms: Net 30. Please make checks payable to *Wholesale Office Furniture Co.*

Notes: All bulk items include a 1-year manufacturer warranty unless otherwise specified.