

WHOLESALE PRINTER SUPPLIES

123 Logistics Way
Industrial District, ST 12345
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____
P.O. #: _____

Bill To:

Ship To:

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$ _____
Tax: \$ _____

Shipping: \$ _____

Total Amount: \$ _____

Terms & Conditions:

Net 30. All returns must be authorized. 15% restocking fee may apply.