

INVOICE

[Wholesale Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

INVOICE # [0000]

DATE [MM/DD/YYYY]

TERMS [Net 30]

BILL TO: [Customer/Company Name]

[Street Address]

[City, State, Zip]

SHIP TO: [Customer/Project Site]

[Street Address]

[City, State, Zip]

PATTERN/COLOR	SKU/LOT #	QUANTITY (YARDS)	PRICE/YARD	TOTAL
[Pattern Name]	[000-00]	[0.00]	\$0.00	\$0.00
[Pattern Name]	[000-00]	[0.00]	\$0.00	\$0.00

Subtotal: \$0.00

Shipping & Handling: \$0.00

Total Balance: \$0.00

Notes & Instructions:

Please inspect all fabric before cutting. No returns accepted on cut yardage. Dye lots may vary between orders.