

WHOLESALE INVOICE

Commercial Hardware Supply Co.

Invoice #: _____

Date: _____

PO #: _____

VENDOR

[Company Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

BILL TO

[Client Name]

[Client Address]

[City, State, Zip]

[Tax ID/VAT]

SHIP TO

[Shipping Destination]

[Street Address]

[City, State, Zip]

[Attn: Name]

SKU / Item #	Description	Qty	Unit Price	Total

SKU / Item #	Description	Qty	Unit Price	Total

Subtotal: \$ _____
 Shipping & Handling: \$ _____
 Sales Tax: \$ _____
 Total Balance Due: \$ _____

Payment Terms: Net [] Days. Please make checks payable to [Company Name].

Notes: All returns are subject to a 15% restocking fee. Bulk hardware must be inspected upon delivery.