

# INVOICE

**Company Name**

123 Business Way, Suite 100

City, State, Zip

Tax ID: 00-0000000

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

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**BILL TO**

Customer Name

Address Line 1

City, State, Zip

Contact: Name / Phone

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**SHIP TO**

Warehouse Name/Ref

Address Line 1

City, State, Zip

Shipping Method: LTL / Ground

SKU / Item ID	Description	Qty (Units)	Case/Pack	Unit Price	Discount %	Total

SKU / Item ID	Description	Qty (Units)	Case/Pack	Unit Price	Discount %	Total

Subtotal: \$0.00

Volume Discount: (\$0.00)

Shipping & Handling: \$0.00

Tax: \$0.00

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**Total Due: \$0.00**

**Terms:** Net 30. Please make checks payable to "Company Name".  
**Notes:** All claims for shortages or damaged goods must be made within 48 hours of receipt.