

# WHOLESALE INVOICE

**Warehouse Distribution Center**  
123 Logistics Way, Suite 500  
Industrial Zone, State, Zip

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**PO #:** \_\_\_\_\_

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**Bill To:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ship To:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SKU / Item #	Description	Qty (Units)	Unit Price	Total

SKU / Item #	Description	Qty (Units)	Unit Price	Total

Subtotal: \$ \_\_\_\_\_  
 Shipping/Freight: \$ \_\_\_\_\_  
 Tax: \$ \_\_\_\_\_  
 Total Amount: \$ \_\_\_\_\_

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**Terms:** Net 30. Please make checks payable to *Warehouse Distribution Wholesale*.

**Notes:** All claims for shortages or damaged goods must be made within 48 hours of receipt.