

INVOICE

[Toy Vendor Name]

[Street Address]

[City, State, Zip]

[Tax ID/VAT Number]

Invoice #: [00000]

Date: [MM/DD/YYYY]

PO #: [PO-00000]

Due Date: [MM/DD/YYYY]

Bill To:

[Retailer Name]

[Accounts Payable Dept]

[Street Address]

[City, State, Zip]

Ship To:

[Store/Warehouse Location]

[Street Address]

[City, State, Zip]

SKU / ITEM #	DESCRIPTION	QTY (UNITS)	UNIT PRICE	TOTAL
[SKU-001]	[Toy Name / Model / Age Group]	0	\$0.00	\$0.00
[SKU-002]	[Toy Name / Model / Age Group]	0	\$0.00	\$0.00
[SKU-003]	[Toy Name / Model / Age Group]	0	\$0.00	\$0.00

Subtotal: \$0.00

Shipping & Handling: \$0.00

Tax: \$0.00

Total Amount Due: \$0.00

Payment Terms: [Net 30/Net 60]

Wire/ACH Details: [Bank Name] | [Account Number] | [Routing Number]

Notes: Thank you for your business. Please include Invoice # on your remittance.