WHOLESALE INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID/VAT Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
PO #: [Order Number]

BILL TO

[Customer Name]
[Business Name]
[Billing Address]
[Phone/Email]

SHIP TO

[Recipient Name]
[Shipping Address]
[City, State, Zip]
[Shipping Method]

SKU / Item #	Product Description	Quantity	Unit Price	Discount (%)	Total

Subtotal: $0.00
Bulk Discount: ($0.00)
Shipping & Handling: $0.00
Tax: $0.00

Grand Total: $0.00

TERMS & INSTRUCTIONS

Payment Terms: [e.g., Net 30]
Bank Details: [Bank Name] | Account: [Number] | Routing: [Number]
Notes: Please include invoice number with your wire transfer or check payment.