WHOLESALE INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / Business Registration]

Invoice #: _____

Date: _____

PO #: _____

Due Date: _____

BILL TO:

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

SHIP TO:

[Recipient Name]
[Shipping Address]
[Delivery Instructions]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $ _____
Wholesale Discount: ($ _____)
Shipping/Freight: $ _____
Tax: $ _____
GRAND TOTAL: $ _____

Terms & Conditions: Payment is due within [X] days. Late payments may incur a fee of [X]%. Goods remain the property of [Your Company Name] until paid in full.

Payment Info: [Bank Name] | [SWIFT/BIC] | [Account Number]