INVOICE

[Wholesale Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Customer Name/Business]
[Customer Address]
[Tax ID / Business Number]

SHIP TO

[Delivery Location/Warehouse]
[Shipping Contact Name]
[Delivery Instructions]

SKU/Item #	Description	Quantity	Unit (Case/LB)	Unit Price	Total

Subtotal: $0.00
Tax (___%): $0.00
Shipping/Freight: $0.00

Total Amount Due: $0.00

Terms & Conditions:

1. Net [30] days payment terms.
2. Inspect all perishable goods upon delivery.
3. Make all checks payable to: [Wholesale Company Name]