INVOICE

[Wholesale Company Name]
[Business Address]
[Phone Number] | [Email]

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Customer Name/Business]
[Billing Address]
[City, State, Zip]
[Tax ID]

SHIP TO:

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

SKU / Item #	Description	Quantity	Unit Price	Discount	Total

Subtotal: $0.00

Shipping: $0.00
Tax: $0.00

Total Amount Due: $0.00

Payment Terms: [e.g., Net 30]
Notes: [Bank Details or Return Policy]