BULK FULFILLMENT INVOICE

Processing ID: _____

Date: _____

Batch #: _____

Service Provider:

_____
_____
_____

Client / Consignee:

_____
_____
_____

SKU / Item ID	Description	Units	Processing Fee	Shipping Rate	Total

Subtotal Processing: $ _____
Total Shipping/Freight: $ _____
Surcharges/Tax: $ _____

TOTAL AMOUNT DUE: $ _____

Notes / Handling Instructions:

_____

Payment is due within _____ days of invoice date.