INVOICE

Fulfillment Center Name
Street Address
City, State, Zip
Email: contact@example.com

Invoice #: _____
Date: _____
Due Date: _____

Client (Merchant):
Name / Company
Street Address
City, State, Zip
Subscription Period:
Month/Year: _____
Total Units: _____

Service Description	Qty / Boxes	Unit Price	Total
Box Kitting & Assembly			
Order Picking & Packing			
Storage / Warehousing Fees			
Postage & Shipping Costs			

Service Description	Qty / Boxes	Unit Price	Total
Packaging Materials (Tape, Dunnage)			
Inserts / Promo Placement			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Payment Instructions:
Please make checks payable to: Fulfillment Center Name
Bank Transfer (ACH): Routing #_____ Account #_____

Thank you for your partnership!