INVOICE

[Your Company Name]
[Address Line 1]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

BILL TO

[Client Name]
[Client Company]
[Address Line 1]
[City, State, Zip]

SHIPPING DETAILS

Carrier: _____
Tracking: _____
Warehouse: _____

SKU / Service Code	Description	Quantity	Unit Price	Total
	Wholesale Order Picking & Packing			
	Pallet Storage Fee			
	Inbound Receiving			

SKU / Service Code	Description	Quantity	Unit Price	Total
	Freight / Shipping Charges			
	Packaging Materials			

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Your Company Name].

Thank you for your business!