

# [COMPANY NAME]

[Street Address]  
[City, State, Zip]  
[Tax ID / VAT Number]

## SHIPPING INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

PO Number: \_\_\_\_\_

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### BILL TO:

[Customer Company Name]  
[Billing Contact Name]  
[Billing Address]  
[Tax ID / Registration]

### SHIP TO:

[Shipping Contact Name]  
[Warehouse/Destination Name]  
[Shipping Address]  
Carrier: \_\_\_\_\_

SKU / Item	Description	Qty	Unit Price	Total
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Subtotal: \$0.00  
Shipping & Handling: \$0.00  
Tax: \$0.00

**Total Amount: \$0.00**

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**Payment Terms:** [e.g., Net 30]

**Notes:** Please include invoice number with your wire transfer or check payment.