

# INVOICE

[Studio Name]  
[Address Line 1]  
[City, State, Zip]  
[Email/Phone]

INVOICE # [0000]  
DATE [Date]  
DUE DATE [Date]

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BILL TO:

[Wholesale Client Name]  
[Company Name]  
[Business Address]  
[Tax ID/VAT]

SHIP TO:

[Shipping Contact]  
[Shipping Address]  
[Shipping Method]

SKU	ITEM DESCRIPTION	QTY	UNIT PRICE (WS)	TOTAL
[SKU-01]	[Product Name/Collection]	[0]	\$0.00	\$0.00
[SKU-02]	[Product Name/Collection]	[0]	\$0.00	\$0.00
[SKU-03]	[Product Name/Collection]	[0]	\$0.00	\$0.00

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Subtotal: \$0.00  
Shipping: \$0.00  
Total Amount: \$0.00

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**Payment Terms:** [Net 30 / COD / Prior to Shipping]

**Notes:** All items are handcrafted. Minor variations may occur. Returns accepted for damaged goods within [X] days of receipt.