

Bulk Order Invoice

For Distributors

Invoice No. _____

Invoice Date _____

Distributor Name _____

Contact Person _____

Email / Phone _____

Address _____

Shipping Address _____

Item Code	Description	Qty	Unit Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal _____

Tax / VAT _____

Total Amount _____

Authorized Signature

Distributor Signature

Date