

Wholesale Product Invoice

Supplier

Name: _____
Address: _____
Phone: _____
Email: _____

Customer

Name: _____
Address: _____
Phone: _____
Email: _____

Invoice #: _____ **Date:** ____ / ____ / ____
Payment Terms: _____ **Due Date:** ____ / ____ / ____

Product / SKU	Description	Unit	Quantity	Unit Price	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Subtotal:	_____
Discount:	_____
Tax:	_____
Total:	_____

Notes / Terms:
