WHOLESALE SALES RECEIPT

Receipt Number	
Date	
Purchase Order #	
Sales Representative	

BUYER / BILL TO

Tax ID/Resale #:

SHIP TO

Shipping Method:

ITEM / SKU	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE

PAYMENT INFORMATION

☐ Cash ☐ Check ☐ ACH / Wire ☐ Card

Transaction Reference / Check #:

Payment Notes:

Subtotal	
Wholesale Discount	
Freight / Shipping	
Tax	
Total	
Amount Paid	
Balance Due	

AUTHORIZED REPRESENTATIVE SIGNATURE

Date

BUYER RECEIVED BY SIGNATURE

Date

All claims for shortages or damaged goods must be made within 5 business days of receipt.
Subject to standard wholesale terms and conditions. Thank you for your business.