WHOLESALE RECEIPT

Date:	
Receipt / Order #:	
Customer ID:	

BILL TO

SHIP TO

ITEM / SKU	DESCRIPTION	QTY	UNIT PRICE	TOTAL AMOUNT

PAYMENT TERMS & INFORMATION

Payment Method: _____

Shipping Carrier: _____

Tracking Number: _____

Notes / Remarks:

Subtotal	
Discount	
Sales Tax	
Shipping & Handling	

Total Due
Amount Paid
Balance Remaining

Authorized Signature (Seller)

Customer Signature (Receiver)