

INVOICE

FROZEN FOOD CO.
123 Arctic Way, Chill City
Phone: (555) 010-9988

Invoice #: _____
Date: _____
Order Ref: _____

BILL TO:

SHIP TO (Storage Facility):

SKU / Product ID	Description	Storage Temp	Qty (Units/Lbs)	Unit Price	Total

SKU / Product ID	Description	Storage Temp	Qty (Units/Lbs)	Unit Price	Total

Subtotal: \$ _____

Cold Storage Handling: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes / Cold Chain Requirements:

Payment Terms: Net 30. Please keep frozen upon arrival.