

# BAKERY NAME

123 Flour Street, Dough City  
Phone: (555) 000-0000  
Email: sales@bakery.com

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

### BILL TO:

Client Name/Company  
Address Line 1  
City, State, Zip  
Tax ID: \_\_\_\_\_

### DELIVERY DETAILS:

Delivery Date: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Payment Terms: \_\_\_\_\_

Item Description	Unit Price	Qty	Total

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Subtotal: \$0.00

Tax: \$0.00

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**Total: \$0.00**

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**Notes:** All fresh baked goods are non-returnable. Please inspect delivery upon arrival.

**Payment Info:** Please make checks payable to "Bakery Name" or use Bank Transfer: Route #0000 Acct #00000000