[Farm Name]

[Farm Address Line 1]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____

Date: _____

PO #: _____

BILL TO

[Customer Name/Business]
[Address Line 1]
[City, State, Zip]
[Phone]

DELIVERY INFO

Delivery Date: _____
Route/Driver: _____
Terms: Net [30]

Item Description	Variety	Unit (Box/Lbs/Bunch)	Qty	Unit Price	Total

Item Description	Variety	Unit (Box/Lbs/Bunch)	Qty	Unit Price	Total

Subtotal: $ _____
Delivery Fee: $ _____
Amount Due: $ _____

Notes: Please inspect produce upon delivery. Claims for damages must be made within 24 hours.

Payment Instructions: Make checks payable to **[Farm Name]**. For ACH/Wire transfers, please contact us for details.