[FARM NAME]

Organic Wholesale Produce

USDA ORGANIC CERTIFIED

INVOICE

[0000]
Date: [MM/DD/YYYY]

FROM

[Farm Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

BILL TO

[Client Business Name]
[Contact Person]
[Street Address]
[City, State, Zip]
[Tax ID/VAT]

Item Description	Variety/Grade	Qty (Unit)	Price/Unit	Total
[Product Name]	[e.g. Heirloom/Grade A]	[0]	$0.00	$0.00
[Product Name]	[e.g. Organic/Bulk]	[0]	$0.00	$0.00

Item Description	Variety/Grade	Qty (Unit)	Price/Unit	Total
[Product Name]	[e.g. Case/Tray]	[0]	$0.00	$0.00

Subtotal: $0.00
Delivery Fee: $0.00
Amount Due: $0.00

NOTES & TERMS

Payment Terms: [e.g. Net 15]. Please make checks payable to **[Farm Name]**.

Perishable goods: Please inspect upon delivery. Claims must be made within 24 hours.

Thank you for supporting sustainable local agriculture.