WHOLESALE SHIPMENT INVOICE

Invoice #: _____
Date: _____

Vendor (Shipper)

Name: _____
Address: _____
Phone: _____
License #: _____

Bill To (Buyer)

Name: _____
Address: _____
PO #: _____
Delivery Date: _____

Qty (Units)	Description / Variety	Grade/Size	Unit Price	Total Amount

Subtotal: $ _____
Freight/Handling: $ _____

Grand Total: $ _____

Storage & Handling Notes:

Certification: The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499e(c)).

Receiver Signature: _____
Date: _____