SEASONAL WHOLESALE PRODUCE

Farm Address, City, State, ZIP
Phone: (555) 000-0000
Email: sales@seasonalproduce.com

Invoice #: _____

Date: _____

Season: _____

BILL TO:
Company Name: _____
Contact: _____
Address: _____
City/State: _____
SHIP TO:
Delivery Location: _____
Preferred Date: _____
P.O. Number: _____

ITEM DESCRIPTION	GRADE/VARIETY	UNIT (CASE/LB)	QTY	UNIT PRICE	TOTAL

Subtotal: $ _____

Delivery Fee: $ _____

GRAND TOTAL: $ _____

Notes: All perishables must be inspected upon delivery. Claims must be made within 24 hours.

Payment Terms: Net 30. Please make checks payable to "Seasonal Wholesale Produce".