NATURAL HARVEST

123 Organic Lane
Greenwich, CT 06830
contact@naturalharvest.com

INVOICE

Date: _____
No: #_____

Bill To:
Name: _____
Address: _____
Phone: _____

Item Description	Qty	Unit Price	Total

Subtotal: $_____
Tax (___%): $_____

Total: $_____

Thank you for shopping healthy!

Returns accepted within 14 days with original receipt.