[BUSINESS NAME]

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

INVOICE

BILL TO:
[Client Name]
[Client Address]
[Client Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Description (Variety/Grade)	Quantity	Unit	Price	Amount

Subtotal	$0.00
Delivery Fee	$0.00
TOTAL	**$0.00**

Notes: Organic certification #[Number]. Thank you for supporting local agriculture.

Payment Terms: [Net 15 / Cash on Delivery / Bank Transfer Info]