WHOLE FOODS MARKET

INVOICE

No: [INV-000000]
Date: [MM/DD/YYYY]

VENDOR / BILL FROM

[Vendor Name]
[Address Line 1]
[City, State, Zip]
[Tax ID / EIN]

SHIP TO / STORE LOCATION

Whole Foods Market - [Store Name/Number]
[Store Address Line 1]
[City, State, Zip]
Attn: [Receiving Department]

ORDER INFORMATION

PO Number: [00000000]
Payment Terms: [Net 30]

SHIPPING INFORMATION

Ship Date: [MM/DD/YYYY]
Carrier: [Carrier Name]

WFM SKU / PLU	Item Description	Quantity	Unit	Unit Price	Total
[00000]	[Product Name / Description]	[0.00]	[Case/LB]	$[0.00]	$[0.00]

WFM SKU / PLU	Item Description	Quantity	Unit	Unit Price	Total

Subtotal: $[0.00]
Freight/Shipping: $[0.00]
Tax: $[0.00]
TOTAL DUE: $[0.00]

Instructions: Please include PO Number on all correspondence. Send electronic inquiries to [Email].