INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Terms: [Net 30]

BILL TO:
[Customer Name]
[Organization]
[Address]
[Phone]
SHIP TO:
[Nursery/Site Name]
[Delivery Address]
[City, State, Zip]

Description (Plants/Supplies)	Size/SKU	Qty	Unit Price	Amount
[Product Name/Botanical Name]	[e.g. 5 Gal / Bag]	0	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Shipping: $0.00

TOTAL: $0.00

Notes: All live plant returns must be made within 48 hours. Subject to restocking fees.

Payment Instructions: Please make checks payable to [Company Name].