HANDCRAFTED PASTRY CO.

123 Bakery Lane, Flour City
contact@pastrywholesale.com

INVOICE # _____
DATE: _____

BILL TO:

_____
_____
_____

DELIVERY DATE:

_____

PO NUMBER:

_____

Item Description	Quantity	Unit Price	Amount

Item Description	Quantity	Unit Price	Amount

Subtotal: $_____
Tax: $_____
TOTAL: $_____

Payment Terms: Net 15. Please make checks payable to Handcrafted Pastry Co.

Thank you for your business!