[BAKERY NAME]

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

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Business Name]
[Contact Name]
[Street Address]
[City, State, Zip]

DELIVERY NOTES:

[Route/Drop-off Instructions]
[Standing Order Reference]

Item Description	Quantity	Unit Price	Amount
[Product Name - e.g., Sourdough Loaf 800g]	___	$ 0.00	$ 0.00
[Product Name - e.g., Butter Croissants x12]	___	$ 0.00	$ 0.00
[Product Name]	___	$ 0.00	$ 0.00

Item Description	Quantity	Unit Price	Amount
[Product Name]	___	$ 0.00	$ 0.00

Subtotal: $ 0.00
Delivery Fee: $ 0.00
Total Due: $ 0.00

Payment Terms: Net [30] Days. Please make checks payable to [Bakery Name].

Thank you for your continued partnership and for supporting fresh local baking!