WHOLESALE INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name / Company]
[Client Address]
[Phone / Contact]

DELIVERY INFO:

Route: _____
Drop-off Time: _____

Item Description (Loaves/Units)	Quantity	Unit Price	Total
Sourdough Batard (Signature)		$	$
Multigrain Pullman		$	$
Rosemary Focaccia Tray		$	$
Artisan Baguette		$	$

Item Description (Loaves/Units)	Quantity	Unit Price	Total
Seasonal Specialty: _____		$	$

Subtotal: $_____
Delivery Fee: $_____

TOTAL DUE: $_____

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

Notes: All specialty orders must be placed 48 hours in advance of delivery. Thank you for your business!