WHOLESALE INVOICE

Bakery Name
Street Address
City, State, Zip

Invoice #: _____

Date: _____

Terms: _____

BILL TO:
SHIP TO:

SKU	Item Description (Flavor/Type)	Unit	Qty	Price/Unit	Total

Subtotal: $ _____
Delivery Fee: $ _____
Tax: $ _____
TOTAL DUE: $ _____

Notes / Special Delivery Instructions:

_____

Thank you for your business!