

**[COMPANY NAME]**  
ORGANIC FLORAL WHOLESALERS

**INVOICE**

# [0000]  
Date: [DD/MM/YYYY]

**Vendor:**

[Street Address]  
[City, State, Zip]  
[Tax ID / Certification #]

**Bill To:**

[Client Name/Business]  
[Shipping Address]  
[Contact Email/Phone]

Variety / Description	Stem Count	Unit Price	Total
[Organic Stem Variety A]	[0]	\$0.00	\$0.00
[Organic Stem Variety B]	[0]	\$0.00	\$0.00
[Foliage / Greenery]	[0]	\$0.00	\$0.00
[Packaging/Delivery]	-	-	\$0.00

Subtotal: \$0.00  
Tax: \$0.00  
Balance Due: \$0.00

Terms: Net [00] Days. All blooms are certified organic and locally sourced.

Thank you for supporting sustainable floriculture.