

SPECIALTY CHEESE WHOLESALE

INVOICE
[Invoice Number]
Date: [Date]
Due: [Due Date]

FROM

Specialty Cheese Wholesale Co.
123 Fromage Lane
Dairyville, ST 90210
Contact: orders@cheese-wholesale.com

BILL TO

[Customer Name/Business]
[Street Address]
[City, State, Zip]
[Phone Number]

Item Description (Variety/Region)	Age/Grade	Qty (kg/lb)	Unit Price	Total
[Example: Aged Manchego DOP]	12 Month	[Qty]	\$0.00	\$0.00
[Example: Triple Cream Brie]	Artisan	[Qty]	\$0.00	\$0.00
[Example: Raw Milk Sharp Cheddar]	2 Year	[Qty]	\$0.00	\$0.00

Subtotal: \$0.00
Cold Storage Shipping: \$0.00
Grand Total: \$0.00

Terms & Conditions:

Please inspect all perishable goods upon delivery. Net 30 terms apply to established accounts. Storage Requirements: Maintain temperature between 1C - 4C (34F - 40F).