# WHOLESALE INVOICE

## BAKERY

Business name _____

Address _____

Phone / email _____

## INVOICE DETAILS

Invoice no. _____

Invoice date _____

Payment terms _____

Due date _____

Delivery period _____

## BILL TO (WHOLESALE CUSTOMER)

Business name _____ Accounts contact _____

Address _____

Customer account no. _____

## STANDING ORDER

Delivery days _____

Price list _____

PO no. _____

## DELIVERIES

| Date | Item | Qty | Unit | Unit price | Amount |
|---|---|---|---|---|---|
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**Deliveries subtotal**

## HOW TO PAY

Accepted methods _____

Account name _____

Bank details _____

Payment reference _____

| | |
|---|---|
| Subtotal | |
| Delivery fee | |
| Sales tax, if applicable (_____%) | |
| **Amount due** | |

## ORDER NOTES

_____

_____

*Thank you for your order. Please quote the invoice number with your payment.*