

Any Food Distributor, Inc.

TO:

CUSTOMER (AGENT) SIGNATURE



	P.O. NUMBER	ORDER DATE	SM	TERMS	R	ROUTE/STOP	INVOICE DATE	INVOICE # PAGE
#	ITEM #	QTY SHIP U OF M	BRAND	DESCRIPTION	PACI	K SIZE BILL UN	NITS PRICE	EXTENSION
		5						
				M				
				/pe	U			
	x	CUSTOMED (ACENT)	TOTAL UNITS	NOTICE: SEE REVERSE SIDE FOR TERMS AN ALL CLAIMS MUST BE MADE ON DELIVERY.	D CONDITIONS OF SALE.	-	CE TOTAL UNT BALANCE	\$

OTHERWISE, INVOICE IS ACCEPTED AS BILLED.