

Any Food Distributor, Inc.



FAX (714) 272-0035

INVOICE DATE:
INVOICE NO:
PAGE:
TERMS:

S
O
L
D
T
O

S
H
I
P
T
O

SPECIAL INSTRUCTIONS:

CUSTOMER NO.	SALES REP.	CUSTOMER P.O.	SHIP VIA	DATE SHIPPED	ORDER NO.

QUANTITY SHIPPED	U/M	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
<h1>Type TL</h1>					
				TOTAL INVOICE	\$

RECEIVED BY _____

ORIGINAL