

Any Food Distributor, Inc.

CUSTOMER NO.

DATE

YOUR TERMS

AMOUNT ENCLOSED \$ _____

FROM DATE OF PURCHASE

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

DATE	INVOICE NO.	DESCRIPTION	AMOUNT	PAYMENTS	CURRENT BALANCE
<h1>Type N</h1>					
0-7 DAYS	OVER 14 DAYS	OVER 21 DAYS	OVER 30 DAYS	BALANCE	

Note: _____, Inc., reserves the right to assess a 1.5% service fee for all unpaid invoices over 30 days.