

METRO cash and carry
Street Address, City, ST ZIP Code
Phone phone **Fax** fax



INVOICE NO. _____ DATE _____

BILL TO	SHIP TO	INSTRUCTIONS
Name Street Address City, ST ZIP Code	Same as recipient	Add additional instructions

Quantity	Description	Unit Price	Total
100	Bread	3000	300000
10	Flowers	100	1000
20	Firecrackers	5000	100000
20	Flares	3200	64000
1000	Towels	300	300000

	SUBTOTAL	6164000
	SALES TAX	40000
	SHIPPING & HANDLING	100000
	TOTAL DUE BY DATE	6304000

Thank you for your business!