

Company: _____

PURCHASE ORDER

Address: _____

City, State, Zip: _____

Phone (____) _____ Fax (____) _____

The following number must appear on all related
correspondence, shipping papers, and invoices:

P.O. NUMBER: _____

TO:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

SHIP TO:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL				
SALES TAX				
SHIPPING & HANDLING				
OTHER				
TOTAL				

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. Send all correspondence to:
Name: _____
Address: _____
City, State, Zip: _____
Phone: (____) _____ Fax (____) _____

Authorized by _____

Date _____