## **Purchase Order**

| Billing Address: Date                                             |                   |           |             |                                |                        |
|-------------------------------------------------------------------|-------------------|-----------|-------------|--------------------------------|------------------------|
| Name:                                                             |                   |           | hl          | st ra                          | ke™                    |
| Company:                                                          |                   |           | bunker      | · leaf · sand · tur            | f                      |
| Address:                                                          |                   |           |             |                                |                        |
| City:                                                             |                   |           |             | RGS Golf Manage<br>d/b/a B.L./ | A.S.T. Rake            |
| State: Zip/Posta                                                  | al Code:          |           |             | 8329 Fingerb<br>Urbana,        | MD 21704               |
| Phone: Fax:                                                       |                   |           |             | Phone: 301                     | 2-2260538              |
| Email: Purchasers                                                 | PO#:              |           |             | Fax: 301                       | -874-2655<br>trake.com |
| Deliver To: Same As:                                              |                   |           |             | www.bias                       | trake.com              |
| Company:                                                          |                   |           |             |                                |                        |
| Attention:                                                        |                   |           |             |                                |                        |
| Address:                                                          |                   |           |             |                                |                        |
| City: Zip/Posta                                                   | al Code:          |           |             |                                |                        |
| State:                                                            |                   |           |             |                                |                        |
| Phone:                                                            |                   |           |             |                                |                        |
| Fax:                                                              |                   |           |             |                                |                        |
| Pay By Credit Card Invoice Com                                    | npany             |           |             |                                |                        |
|                                                                   |                   | a Addross |             |                                |                        |
| VISA   MC   DISCOVER                                              | Cardholder Billin | y Address |             |                                |                        |
| Card #                                                            | Same As:          |           |             |                                |                        |
| Cardholder Name                                                   | Street            |           |             |                                |                        |
| Exp Month Exp Year                                                | City              |           |             | ST                             |                        |
| 3 digit Security Code on back                                     | Zip               |           |             |                                |                        |
| '                                                                 |                   |           |             |                                | 1                      |
| Description                                                       |                   | Quantity  | Unit Price  | Amount                         |                        |
|                                                                   |                   |           |             |                                |                        |
|                                                                   |                   |           |             |                                | -                      |
| Terms: By signing this purchase order the authorised purchaser is |                   |           | Sub-total   |                                |                        |
| guaranteeing payment for the product(s) outlined a                |                   |           |             |                                |                        |
|                                                                   |                   |           |             |                                |                        |
| Signed By                                                         |                   |           |             |                                |                        |
|                                                                   |                   |           | Grand Total |                                |                        |