

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
<u>SUBTOTAL</u>				
SALES TAX				
SHIPPING & HANDLING				
OTHER				
TOTAL				

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

Authorized by _____ Date _____