

PURCHASE ORDER

Company: _____

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