

Company Name

PURCHASE ORDER

Street address

City, State, and Zip

Web site address

Phone

The following number must appear on all invoices, bill of lading, and acknowledgements relating to this PC

PURCHASE ORDER:

P.O. DATE

TERMS

F.O.B.

SHIP VIA

ADDRESS CORRESPONDENCE TO:

Name

E-mail

Phone

FAX #

TO:

QTY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			subtotal	
PLEASE NOTIFY US IMMEDIATELY IF THIS ORDER CANNOT BE SHIPPED COMPLETE ON OR BEFORE:			SHIPPING	
			TAX	0.00
			OTHER	

TOTAL

SHIP TO: Company
Attention
Street address
City, State, and Zip

APPROVED BY _____

DATE _____