

Name: _____
 Company Name: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____

PURCHASE ORDER

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

P.O. NUMBER: _____

TO:
 Name: _____
 Company Name: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____

SHIP TO:
 Name: _____
 Company Name: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
 Phone: _____

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

QTY	UNIT	DESCRIPTION	UNIT PRICE	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: _____
 Company Name: _____
 Street Address: _____
 City _____ ST ____ Zip _____
 Phone _____ Fax _____

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
OTHER	
TOTAL	

Authorized by _____

Date _____