Purchase Order

Name:	<u></u>		
Address:			
City:	<u></u>		
State/Province:	The following number must appear on all		
Zip/postal code:	related correspondence, shipping papers,		
Country:	and invoices:		
Phone:			
Email:	P.O. NUMBER:		
Contact:	Ship to:		
Contact: Name:	- N		
N	Name:		
Name:	Name: Address:		
Name:Address:	Name: Address: City:		
Name: Address: City:	Name: Address: City: State/Province:		
Name: Address: City: State/Province:	Name: Address: City: State/Province: Zip/postal code:		
Name: Address: City: State/Province: Zip/postal code:	Name:		
Name: Address: City: State/Province: Zip/postal code: Country:	Name:		

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

Description	Quantity	Unit Price	Amount
		Subtotal	
		Sales Tax	
		Ship. & Handling	
		TOTAL	
1. Please send two copies	of your invoice.		
2. Enter this order in acco		terms, delivery n	nethod and speci-
fications listed above.			
3. Please notify us immed	liately if you are unable	to ship as specifie	ed.
(*More terms can be added*)			
Authorized by:	Title	۵۰	
numorizeu by.	1100	·•	
	<u> </u>		

Date

Signature