

[Company Name]

[Your Company Slogan]

PURCHASE ORDER

[Street Address]

[City, ST ZIP Code]

Phone [(212)444-0123] Fax [(212)444-0144]

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

P.O. NUMBER: [001]

TO:

[Name]

[Company]

[Street Address]

[City, ST ZIP Code]

[Phone]

SHIP TO:

[Name]

[Company]

[Street Address]

[City, ST ZIP Code]

[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	

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]

[Street Address]

[City, ST ZIP Code]

Phone [(212)444-0123] Fax [(212)444-0144]

Authorized by

Date