

Your Company Name

Your Company Slogan

Your Company Street Address

City, State ZIP

000.000.0000 Fax 000.000.0000

PURCHASE ORDER

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

P.O. NUMBER: _____

To: _____

Ship To: _____

P.O. DATE	REQUISITIONER	SHIP VIA	F.O.B. POINT	TERMS
_____	_____	_____	_____	_____

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
_____	_____	_____	_____	\$ 0.00
_____	_____	_____	_____	\$ 0.00
_____	_____	_____	_____	\$ 0.00
_____	_____	_____	_____	\$ 0.00
_____	_____	_____	_____	\$ 0.00
_____	_____	_____	_____	\$ 0.00
_____	_____	_____	_____	\$ 0.00
_____	_____	_____	_____	\$ 0.00
SUBTOTAL				\$ 0.00
SALES TAX				_____
SHIPPING & HANDLING				_____
OTHER				_____
TOTAL				\$ 0.00

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
Address
000.000.0000, ext. ; Fax 000.000.0000

Authorized by _____

Date _____