

YOUR LOGO
HERE

PURCHASE ORDER

[Company Name]

[Company Slogan]

[Street Address, City, ST ZIP Code]

Phone [phone] Fax [fax]

[email]

P.O. # [NO.]

DATE: [CLICK TO SELECT DATE]

VENDOR [Contact Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[phone]
Customer ID [No.]

SHIP TO [Contact Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[phone]
Customer ID [No.]

SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

[illegible]

SUBTOTAL

SALES TAX

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]
[Street Address]
[City, ST ZIP Code]
Phone [phone] Fax [fax]

Authorized by

Date _____