



Purchase Order

P.O. Number _____

P.O. Date _____

Ordered By

Company _____

Address _____

City _____

Country _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Fax Number _____

Contact Name _____

Deliver To

Company _____

Address _____

City _____

Country _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Fax Number _____

Contact Name _____

Part No.	Description	Quantity	Unit Price	Amount

Terms and Conditions <input type="radio"/> Cash <input type="radio"/> Credit	Total
	<input type="checkbox"/>
	<input type="checkbox"/> Shipping Charge
	Grand Total

Authorized By