

Bill To:

Business / Agency :

Name :

Address :

City, ST Zip :

Phone / Fax :

PURCHASE ORDER

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

PO Number :

Contact Name :

Phone / Fax :

eMail :

Vendor: (NOTE: Please only use info below)

Hewlett Packard

Attn: Public Sector Sales

14231 Tandem Blvd

Austin, TX 78728

Voice: 1-800-888-3224

Fax: 1-800-825-2329

Ship To: (Site to be shipped to/ No PO Boxes)

Name :

Business / Agency :

Address :

City, ST Zip :

Phone / Fax :

eMail :

P.O. DATE	Contract Name	Contract Number	TERMS
			Net 30 Days

QTY	Part #	Description	Unit Price	Total

Resellers: Please include your Location ID:

Tax ID# if not already on File:

Subtotal :

Tax :

Other :

TOTAL :

Authorized by

(PO must be signed and dated)

Date

Orders with reseller bill-to addresses must also include an end-user PO.
CarePaqs will be registered to Contact Name & Email unless otherwise indicated.
Fax completed PO to: 800-825-2329