



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 Card Type <input type="text"/> Card Number _____		Total		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/> Shipping Charge		
		Grand Total		

 Authorized By