



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

PURCHASE ORDER

DATE
P.O. NO.
PAGE

TO

SHIP TO

F.O.B.

SHIP VIA

TERMS

ORDERED BY

LINE NO.

**YOUR ITEM NO.
OUR ITEM NO.**

DESCRIPTION

**QUANTITY
UNIT PRICE**

UNIT

**EXTENDED PRICE
REQUIRED DATE**

NOTES:

TOTAL

AUTHORIZED SIGNATURE