



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

PURCHASE ORDER

DATE:

P.O. NO.:

PAGE NO.:

[Large empty rectangular box for shipping details]

[Large empty rectangular box for other details]

SHIP VIA	FOB		YOUR #	OUR #	
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ITEM NUMBER	DESCRIPTION	UNIT MEASURE	QUANTITY	UNIT PRICE	ITEM DISCOUNT	EXTENDED PRICE

SUB TOTAL
TAX
NET TO PAY