COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

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PURCHASE ORDER

PURCHASE ORDER NO.

PURCHASE ORDER DATE

SHIP TO

PAGE

SHIP VIA	F.O.B.	TERMS	BUYER	CONFIRM TO	CERT. COMPL.	VENDOR

INVENTORY ID	PROMISED DATE	REQUIRED DATE	UNIT	QUANTITY	UNIT PRICE	EXTENDED PRICE

*Y - CERTIFICATE OF COMPLIANCE REQUIRED

TOTAL

Form # 402

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AUTHORIZED SIGNATURE