PURCHASE ORDER

PURCHASE ORDER NO.

PHONE NUMBER

TO:

COMPANY NAME STREET ADDRESS

CITY, STATE, ZIP

SHIP TO:

	P.O. DATE	O. DATE SHIPVIA F.O.B.		F.O.B.	TERMS	
-	BUYER	FREIGHT	REQ. DATE	CONFIRMING TO	REMARKS	TAX
	QTY. REQ.	ITEM NO.	DESC	RIPTION		EXTENDED COST
-						-

AUTHORIZED SIGNATURE