

Purchase Order

This number must appear on all related
correspondance, shipping papers and invoices

| | |
|---------------|--|
| P.O. # | |
| Date | |
| Attention | |

| | | | |
|------------|----------------------|------------|-----------------|
| | ORDERED FROM: | | SHIP TO: |
| Name: | | Name: | |
| Address: | | Address: | |
| Phone/Fax: | | Phone/Fax: | |

Please notify us immediately if you are unable to ship complete order by date specified

| Please Deliver By | Account Number | Purchasing Agent | Ship Via | F.O.B. Point | Terms Requested |
|-------------------|----------------|------------------|----------|--------------|-----------------|
| | | | | | |

| Quantity | Item # | Please Supply Items Listed Below | Unit Price | Total |
|----------|--------|----------------------------------|------------|-------|
| | | | | |

| | | | |
|-------------------------------------|---------------------------|------------------------|-----------------|
| <input checked="" type="checkbox"/> | Method of Payment: | | Subtotal |
| | Charge Card | | |
| | Money Order | Credit Card #: _____ | SalesTax |
| | COD | Expiration Date: _____ | |
| | Cash | Name on Card: _____ | Shipping |
| | Acct. FWD | Check Paid to: _____ | |
| | Check | | TOTAL \$ |

Please supply the above mentioned goods subject to the conditions specified.

Acknowledge receipt of this order specifying prices and a definite shipping date.
 Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
 Make no substitutions or changes without authority from us.
 Please send ___ copies of your invoice.
 Deliver no goods without a copy of this purchase order.
 We reserve the right to cancel this order if shipment is not made as promised
 Send all correspondence to:

Date: _____ **Authorized By:** _____