PURCHASE ORDER

PO number _____
Date _____
Deliver by _____

VENDOR

_____

_____

PAYMENT TERMS _____

SHIP VIA _____

SHIPPING TERMS _____

ITEM NO.	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
			Subtotal	
			Total	

Please show the PO number on your invoice, the packing slip and every box. Tell us right away if you cannot ship the full order by the delivery date or at the prices shown.

AUTHORIZED BY

_____

Signature

_____