

BUYER

Company Name:
Contact or Department:
Street Address:
City, ST ZIP:
Phone:
Fax:

PURCHASE ORDER

DATE
PO #

SELLER

Company Name:
Contact or Department:
Street Address:
City, ST ZIP:
Phone:
Fax:

SHIP TO

Name:
Company Name:
Street Address:
City, ST ZIP:
Phone:

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL

Payment Terms / Comments or Special Instructions

SUBTOTAL
TAX
SHIPPING
OTHER
TOTAL

Conforme:

Buyer

Seller