**[Company or Individual Name]** **PURCHASE ORDER**

[Company Address]

[City, State, Zip Code]

Tel.: [Telephone Number]

Fax: [Fax Number]

Email: [Email Address]

**Vendor: Ship To:**

[Customer Company or Individual Name] [Customer Company or Individual Name]

[Contact Person Name] [Contact Person Name]

[Street Address] [Street Address]

[City, State, Zip Code] [City, State, Zip Code]

[Phone Number] [Phone Number]

Purchase Order Date \_\_\_\_\_\_\_\_\_\_\_\_ Purchase Order No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Item No.** | **Quantity** | **Unit Price** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub Total** |  |
| **Tax** |  |
| **Shipping** |  |
| **Total** |  |

Special Instructions

1. Payment Terms: [Net 30 Days, Due Upon Receipt]
2. Shipping Method: [Hand Delivery, First Class Mail, UPS, FedEx]
3. Shipping Date : \_\_\_\_\_\_\_\_\_\_ [date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Authorization Date