

[Customer Info]

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

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

# BLANKET PURCHASE ORDER

Date \_\_\_\_\_

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

Account/Customer ID No. \_\_\_\_\_

To: [Vendor Info]

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

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Shipping Method	Shipping Terms	Delivery Date
(Check one)	_____	_____
<input type="checkbox"/> Courier	_____	_____
<input type="checkbox"/> First class mail	_____	_____
<input type="checkbox"/> Priority mail	_____	_____
<input type="checkbox"/> UPS	_____	_____
<input type="checkbox"/> FedEx	_____	_____
<input type="checkbox"/> DHL	_____	_____
<input type="checkbox"/> Other:	_____	_____
_____	_____	_____

Description	Quantity	Unit Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Subtotal \$ \_\_\_\_\_

Sales Tax @ \_\_\_\_\_% \$ \_\_\_\_\_

Shipping \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Discount @ \_\_\_\_\_% (\$ \_\_\_\_\_)

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**Total Amount Payable** \$ \_\_\_\_\_



**Special Instructions:**

1. Please contact us immediately if you are unable to fulfill the order as requested.
2. Please enclose two copies of the invoice with the order.
3. Please make delivery to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

4. The payment terms will be: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized by

\_\_\_\_\_  
Date

