

PURCHASE ORDER

[Customer Info]

 Tel: _____
 Fax: _____
 Email: _____

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	@ _____ %	(\$ _____)
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

