PURCHASE ORDER

[Company Name]
[Your Company Slogan]

[Street Address]
[City, ST ZIP Code]
Phone [(212)444-0123] Fax [(212)444-0144]

The following number must appear on all related correspondence, shipping papers, and invoices:
P.O. NUMBER: [001]

TO:
[Name]
[Company]
[**Street Address**]
[**City, ST ZIP Code**]
[**Phone**]

SHIP TO:
[Name]
[Company]
[**Street Address**]
[**City, ST ZIP Code**]
[**Phone**]

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
			SUBTOTAL	
			SALES TAX	
			SHIPPING & HANDLING	
			OTHER	
			TOTAL	

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. Send all correspondence to:
   [**Name**]
   [**Street Address**]
   [**City, ST ZIP Code**]
   Phone [(212)444-0123] Fax [(212)444-0144]

Authorized by Date