

PURCHASE ORDER

[
]
[
]

T
O
S
H
I
P
T
O

DATE	DATE REQUIRED	TERMS	F.O.B.	SHIP VIA	DEPT. OR REQ. NO.	<input type="checkbox"/> FOR OWN USE <input type="checkbox"/> FOR RESALE
------	---------------	-------	--------	----------	-------------------	---

QUANTITY		PRICE	AMOUNT

IMPORTANT
 OUR ORDER NUMBER MUST APPEAR ON ALL
 CORRESPONDENCE, INVOICES AND PACKAGES.
 NOTIFY US IMMEDIATELY IF UNABLE TO SHIP
 ORDER COMPLETE BY DATE SPECIFIED.

BY _____