

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 <input type="checkbox"/>
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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 _____