



Purchase Order

P.O. Number _____

P.O. Date _____

Ordered By

Company _____

Address _____

City _____

Country _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Fax Number _____

Contact Name _____

Deliver To

Company _____

Address _____

City _____

Country _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Fax Number _____

Contact Name _____

| Part No. | Description | Quantity | Unit Price | Amount |
|--|-------------|----------|--|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Terms and Conditions | | | Total | |
| <input type="radio"/> Cash | | | <input type="checkbox"/> | |
| <input type="radio"/> Credit Card Type <input type="text"/> | | | <input type="checkbox"/> | |
| Card Number _____ | | | <input type="checkbox"/> Shipping Charge | |
| | | | Grand Total | |

Authorized By

