PRINTED WITH SOY INK

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

PURCHASE ORDER

001001

THIS NUMBER MUST APPEAR ON ALL CORRESPONDENCE, INVOICES, SHIPPING PAPERS AND PACKAGES.

TO	SHIP TO

DATE ORDERED	DATE WANTED	SHIP VIA	TERMS	F.O.B.

PLEASE ENTER OUR ORDER FOR THE FOLLOWING— TO BE SHIPPED AS DIRECTED:

QTY. ORDERED	QTY. RECEIVED	DESCRIPTION	UNIT PRICE	AMOUNT

CONDITIONS
GOODS ARE SUBJECT TO OUR INSPECTION AND APPROVAL.
IF SHIPMENT WILL BE DELAYED FOR ANY REASON, ADVISE US IMMEDIATELY, STATING ALL THE NECESSARY FACTS.
TO AVOID ERRORS, NOTE SPECIFICATIONS CAREFULLY AND IF UNABLE TO COMPLETE ORDERS AS WRITTEN NOTIFY US PROMPTLY.

BY _____
PURCHASING AGENT

POCC-702-3
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