



# YOUR COMPANY NAME

Address  
CITY, STATE, ZIP CODE  
Phone Number  
Advertising Line

# PURCHASE ORDER

001001

REQ. NO. \_\_\_\_\_ DATE \_\_\_\_\_

TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

SHIP TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

FOR	DATE REQUIRED	HOW SHIP	TERMS
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QUANTITY	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE	UNIT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**IMPORTANT**  
**OUR ORDER NUMBER MUST APPEAR ON ALL INVOICES-PACKAGES, ETC.**  
**PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.**

PLEASE SEND \_\_\_\_\_ COPIES OF YOUR INVOICE

\_\_\_\_\_  
 PURCHASE AGENT