

PO#:		
Ship Date:		
New Customer?	□Yes	□No
Backorder OK?	□Yes	□No

## **Purchase Order**

DATE SUBMITTED	JBMITTED: BUYER NAME:				TELEPHONE #		
BUSINE	ESS NAME & STREE	ET ADDRESS	6	CITY	STATE	ZIP CODE	
SHIP TO:							
ITEM# QTY.	DESCRIPTION	RATE	ITEM#	QTY.	DESCRIPTION	RATE	
INSTRUCTIONS:					TOTAL: \$	i	
					PAGE	OE	