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| Phone Fax | PURCHASE ORDER |
| The following number must appear on all related correspondence, shipping papers, and invoices:  P.O. NUMBER: | |

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| --- | --- |
| To: | Ship To: |

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| --- | --- | --- | --- | --- |
| P.O. DATE | REQUISITIONER | SHIPPED VIA | F.O.B. POINT | TERMS |
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| --- | --- | --- | --- | --- | --- |
| QTY | UNIT | DESCRIPTION | | UNIT PRICE | TOTAL |
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|  | | | SUBTOTAL | |  |
| SALES TAX | |  |
| SHIPPING & HANDLING | |  |
| OTHER | |  |
| TOTAL | |  |

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| --- | --- | --- | --- |
| Please send two copies of your invoice.  Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.  Please notify us immediately if you are unable to ship as specified.  Send all correspondence to:    Phone Fax |  |  | |
|  |  | Authorized by | Date |