

Your Company Name

Address, Telephone, Fax and E-mail

VENDOR: _____

*Required Fields

PURCHASE ORDER

Order No.:

Order Date:

* Requested Ship Date:

* Must Arrive by:

Event Date YES/NO

CUSTOMER SHIP * TO ADDRESS			SHIPPING METHOD/ INSTRUCTIONS		
TELEPHONE NUMBER (xxx) xxx-xxxx		FAX NUMBER (xxx) xxx-xxxx		EXEMPT NUMBER xxxx-xxxx	
FEDERAL TAX ID # (US only)					
QUANTITY *	UNIT	PRODUCT CODE *	DESCRIPTION *		UNIT COST * TOTAL COST
	EACH		<p>* Product Colour/Type:</p> <p>* Imprint Colour/Type:</p> <p>* Imprint Copy:</p> <p>* Imprint Location:</p> <p>* Repeat Order: YES/NO (if yes, provide PO #, Invoice # & Date)</p> <p>* Quote # (if applicable):</p> <p>* Proof Required: YES/NO</p>		
					SUBTOTAL
					TAXES
					TOTAL

BUYER	BUYER TEL #	BUYER FAX #	BUYER EMAIL ADDRESS	AUTHORIZATION
XXXXXXXXXXXXXXXXXXXX	(xxx) xxx-xxxx	(xxx) xxx-xxxx	XXXXXXXXXXXXXXXXXXXX@xxxx	XXXXXXXXXXXXXXXXXXXX