WHOLESALE CO.

PURCHASE ORDER

VENDOR

[Vendor Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

SHIP TO

[Company Name]
[Warehouse Address]
[City, State, Zip]
[Contact Person]

P.O. NUMBER

[PO-00000]

DATE

[MM/DD/YYYY]

TERMS

[Net 30 / COD]

SHIP VIA

[Carrier Name]

SKU / Item #	Description	Quantity	Unit Price	Total

Subtotal: $0.00
Shipping: $0.00
Tax: $0.00
TOTAL: $0.00

NOTES / INSTRUCTIONS

[Insert special shipping instructions or payment terms here]

Authorized Signature: _____ Date: _____