PURCHASE ORDER

PO Number: #000000
Date: [Date]

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

VENDOR

[Vendor Name]
[Vendor Contact]
[Street Address]
[City, State, Zip]

SHIP TO

[Recipient Name]
[Street Address]
[City, State, Zip]
[Shipping Method]

Item Description	Quantity	Unit Price	Total
[Product/Service Name]	0	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00
Shipping: $0.00

Grand Total: $0.00

TERMS & INSTRUCTIONS

1. Please quote PO number on all correspondence.
2. Payment terms: Net 30.
3. Please notify us immediately if unable to ship as specified.

_____
Authorized Signature

_____
Date