

[Your Company Name]

[Your Company Slogan]

PURCHASE ORDER

11046 W Flagler St
Miami, Florida 33174
Phone: (786)536-6496 Fax: (786)536-6497

The following number must appear on all related correspondence, shipping papers, and invoices:

P.O. NUMBER: [100]

TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

SHIP TO:
[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
			SUBTOTAL	
			SALES TAX	
			SHIPPING & HANDLING	
			OTHER	
			TOTAL	

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.

Send all correspondence to:
11046 W Flagler St
Miami, Florida 33174
Phone: (786)536-6496 Fax: (786)536-6497

Authorized by _____ Date _____