



Purchase Order Form

Date (DD/MM/YY) ____ / ____ / ____

<u>BILL TO</u>		<u>SHIP TO</u> - <input type="checkbox"/> (Check if Same as "Bill To")	
Company		Company	
Contact		Contact	
Phone #		Phone #	
Fax #		Fax #	
Address		Address	
City		City	
State/Prov		State/Prov	
ZIP		ZIP	

<u>PAYMENT</u>			
Terms	<input type="checkbox"/> NET 30 <input type="checkbox"/> CC <input type="checkbox"/> Prepaid	PO#	
CC Type	<input type="checkbox"/> VISA <input type="checkbox"/> M/C	Currency	<input type="checkbox"/> USD <input type="checkbox"/> CAD
CC #	_____	Exp Date (MM/YY)	____ / ____
Name on Card		CVV Code (3-digit)	

<u>SHIPPING</u>	
Carrier/Service	
Billing	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect (account #) _____

<u>ITEM</u>	<u>QTY</u>	<u>PRICE</u>

<u>COMMENTS</u>