



General Purchase Order Form

| | |
|-------------------------|-------------------------|
| Date: _____ | PO #: _____ |
| Ship To: | Bill To: |
| Name: _____ | Name: _____ |
| Attention: _____ | Attention: _____ |
| Address 1: _____ | Address 1: _____ |
| Address 2: _____ | Address 2: _____ |
| City: _____ | City: _____ |
| State: _____ | State: _____ |
| Zip: _____ | Zip: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

| Quantity | Item Number | Description | Unit Price | Line Total |
|----------|-------------|-------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Subtotal * :

Taxable: Yes No

*Subtotal does not include tax or shipping.

| | | | |
|-------------------------|------------------------------------|----------------------------------|--|
| Shipping Method: | <input type="checkbox"/> Prepaid | <input type="checkbox"/> Collect | Account #: _____ |
| Shipping Speed: | <input type="checkbox"/> Overnight | Shipping Carrier: | <input type="checkbox"/> FedEx |
| | <input type="checkbox"/> 2-Day | | <input type="checkbox"/> UPS |
| | <input type="checkbox"/> Ground | | <input type="checkbox"/> DHL |
| | | Other: | <input type="checkbox"/> Freight/Other |
| | | | _____ |

Additional Notes: