| Company Name Address: | YOUR<br>LOGO<br>HERE         |        |                     | hase Order |
|-----------------------|------------------------------|--------|---------------------|------------|
|                       |                              |        | OF ISSUE            |            |
|                       |                              |        | PO #<br>IATION DATE |            |
|                       |                              | IERMIN | IATION DATE         |            |
| Seller: Name:         | Company Name: Attn: Address: |        |                     |            |
| Quantity BX           | DESCRIPTION                  | Price  | TAXED               | AMOUNT     |
|                       |                              |        |                     |            |
|                       |                              |        |                     |            |
|                       |                              |        |                     | -          |
|                       |                              |        |                     | -          |
|                       |                              |        |                     | -          |
|                       |                              |        |                     | -          |
|                       |                              |        |                     | •          |
|                       |                              |        |                     | -          |
|                       |                              |        |                     | -          |
|                       |                              |        |                     | -          |
|                       |                              |        |                     | •          |
|                       |                              |        | Subtotal            | -          |
|                       |                              |        | *Shipping           |            |
| OTHER CO              | MMENTS                       |        | Taxable             | -          |
| 1.<br>2.<br>3.        |                              |        | Tax rate            |            |
| 4.                    |                              |        | Tax due             | -          |
| •                     |                              |        | Other               | -          |
|                       |                              |        | TOTAL               |            |

If you have any questions about this Purchase Order, please contact:

Phone #:\_\_\_\_\_ | Email:\_\_\_\_\_\_

Thank You For Your Business!

"email" "website"

Sign:

Principal: