



General Purchase Order Form

Date: _____ Ship To: Name: _____ Attention: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	PO #: _____ Bill To: Name: _____ Attention: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
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Quantity	Item Number	Description	Unit Price	Line Total

Taxable: Yes No Subtotal * : _____

Shipping Options:

*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:	UPS <input type="checkbox"/> FedEx <input type="checkbox"/>
	<input type="checkbox"/> 2-Day		DHL <input type="checkbox"/> Freight/Other <input type="checkbox"/>
	<input type="checkbox"/> Ground	Other:	_____

Payment Options:

Payment Type:	If Credit Card:	<input type="checkbox"/> New Card *	<input type="checkbox"/> Card On File
<input type="checkbox"/> Credit Terms			Last 4 of card: _____
<input type="checkbox"/> Credit Card			Security Code: _____
(Required to process payment & prevent delays in shipping)			
* New card requires completing and submitting a new credit card authorization form.			

Additional Notes: