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|  | *[Your company slogan]* | Purchase Order |
| Date: [Enter a date]PO # [100] |
| **Vendor** | [Name][Company Name][Street Address][City, ST ZIP Code][Phone]Customer ID [ABC123]  | **Ship To** | [Name][Company Name][Street Address][City, ST ZIP Code][Phone]Customer ID [ABC123]  |
| **Shipping Method** | **Shipping Terms** | **Delivery Date** |
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|  |
| **Qty** | **Item #** | **Description** | **Job** | **Unit Price** | **Line Total** |
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| **Total Due** |  |
| **Sales Tax** |  |
| **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.
4. Send all correspondence to:

[Name][Street Address][City, ST ZIP Code]Phone [000-000-0000]Fax [000-000-0000] |  |
| Authorized by | Date |
| [Your Company Name] [Street Address],[City, ST ZIP Code] Phone [000-000-0000] Fax [000-000-0000] [e-mail] |