

**Company Name**

Address  
 Address  
 Contact Number  
 Default Email Address  
 Website URL

**PURCHASE ORDER**

P.O. NUMBER	DATE
	mm/dd/yyyy

VENDOR	CUSTOMER
NAME	NAME
<Sales Person>	John Smith
COMPANY NAME	COMPANY NAME
<Company Name>	<Company Name>
ADDRESS	ADDRESS
<Address>	<Address>
PHONE	PHONE
<Phone>	000-111-2222
EMAIL ADDRESS	EMAIL ADDRESS
<Email Address>	<Email Address>

SHIPPING TERMS		SHIPPING METHOD		DELIVERY DATE
				mm/dd/yyyy
Code	Product Description	Quantity	Unit Price	Amount

<b>Note:</b>	<b>Subtotal (\$)</b>	<b>0.00</b>
Payment shall be 30 days upon receipt of the items above.	Discount (%) 10	0.00
	Sales Tax (%) 12	0.00
	Other Cost (\$)	0.00
	Shipping & Handling (\$)	0.00
	<b>Total Amount (\$)</b>	<b>0.00</b>