



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

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