



PURCHASE ORDER

150 West 30th Street
 New York, New York 10001
 Phone (212) 268-7766 Fax (212) 268-2982

The following number must appear on all related correspondence, shipping papers, and invoices:

P.O. NUMBER: _____

EMAIL: _____

BILL TO:

Name _____
 Company _____
 Street Address _____
 City, State & Zip Code _____
 Phone _____

SHIP TO:

Name _____
 Company _____
 Street Address _____
 City, State & Zip Code _____
 Phone _____

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
			SUBTOTAL	
			SALES TAX	
			SHIPPING & HANDLING	
			OTHER	
			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, State & Zip _____
 Phone _____ Fax _____

Authorized by _____

Date _____