Add to Cart

PURCHASE ORDER					Date:				
Your Company Name					Purchase Order #:				
Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx					Sand 2 copies	of invoice to:			
Address, City, State, Zip Code					Send 2 copies of invoice to: Attention: Accounts Payable				
If a Prime Contract # is entered hereon, this procurement is certified for					Terms:		FOB:		
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Sign Acknowledgement Copy and Return Immediately									
-	<u> </u>		Note: A contrac	t may not exist until	receipt of this acknowledge	ement			