PURCHASE ORDER

Date: [Enter a date]
PO # [100]

[Your Company Name]	Vendor	[Name]	Ship To	[Name]
[Street Address]		[Company Name]		[Company Name]
[City, ST ZIP Code]		[Street Address]		[Street Address]
[Phone]		[City, ST ZIP Code]		[City, ST ZIP Code]
Fax [000.000.0000]		[Phone]		[Phone]
[e-mail]		Customer ID [ABC12345]		Customer ID [ABC12345]

Shipping Method	Shipping Terms	Delivery Date
		2017-03-22

Qty	Item #	Description	Job	Unit Price	Line Total
		Color changed			
	Yel				
				Subtotal	
				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 LOGO HERE

[Your company slogan]