

CUSTOMER INFORMATION REQUIRED FOR PURCHASE ORDERS

DATE	YOUR P.O. #
Organization Name	
Individual Ordering	Dept.
Telephone	FAX
Ordering Address	
City, State & Zip	
eMail	WEBSITE
SHIP TO ORGANIZATION	
SHIP TO NAME	
SHIP TO ADDRESS	
SHIP TO CITY, STATE & ZIP	
FEDERAL EMPLOYEE ID #	
ACCOUNTS PAYABLE	
ACCOUNTS PAYABLE CLERK	
TELEPHONE	EXT. FAX
ACCOUNTS PAYABLE ADDRESS	
ACCOUNTS PAYABLE CITY, STATE & ZIP	

PURCHASE ORDER TERMS: 1% - 10 Days, NET 30