PURCHASE ORDER

Date: _____
PO # :_____

KATS RECORD DISTRIBUTOR
2505 Cascadilla Street
Durham, NC 27704
919-672-5630
Fax 1-919-869-1821
katsrecordsstudios@yahoo.com

Vendor
Name:_____
Company_____
Address:_____
City/St/Zip:_____
_____
Phone:_____
Customer ID _____

Ship To
Name:_____
Company_____
Address:_____
City/St/Zip:_____
_____
Phone:_____
Customer ID _____

Shipping Method	Shipping Terms	Delivery Date

Qty	Item #	Description	Job	Unit Price	Line Total

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:

KATS RECORD DISTRIBUTOR
2505 Cascadilla Street
Durham, NC 27704
919-672-5630
Fax 1-919-869-1821

Authorized by Date