

| Date: | | |
|---------------|-----------|---|
| Company Name: | | |
| Address: | | |
| Tel: () | Fax:(| _ |
| Contact: | Cell: () | _ |
| E-Mail: | NOTE: | |

| CUSTOMER PURCHASE-ORDER FORM | | | | | | | |
|------------------------------|---------------|--------------------|--------------------|--------------------|------------------|--|--|
| Sales Representative: | | P.O. /Job No.#: | Requisition No.#: | | | | |
| Qty | <u>ltem #</u> | <u>Description</u> | Unit List Price | Unit Cost Price | Total Sale Price | | |
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| | | 0115 75 | | | | | |
| | | SUB TOTAL: | | | | | |
| | | TAX: | | | | | |
| | | GRAND TOTAL: | | | | | |