

PURCHASE ORDER FORM

ORDER DATE	
P.O #	

With Heart By Hand

834 Long Hill Rd.Middletown, CT. 860-343-9331 phone / fax

jean@withheartbyhand.com

SOLD TO:

Company:

Buyer's name:

Address:		Address:				
City, St, Zip:		City, St, Zip:				
Phone:		Phone:				
		2000000			-	
SHIP VIA	SHIP DATE	TERMS	PAYMENT METHOD			
USPS						
ITEM#	DESCR	IPTION	QTY	UNIT PRICE	TOTAL	
	-					
				SUBTOTAL		
i i	MINIMUM ORDER \$ 150.	00				
PLEASE NOTE: ANY	CLAIMS MUST BE REPO	ORTED WITHIN 48 HRS		S & H		
CREDIT CARD#:						
EXPIRATION DATE:						
CVC#:						
SPECIAL INSTRUCT	IONS:			TOTAL		
				-	*42	
		Authorized by		L	Date	

SHIP TO:

Company:

Buyer's name:

If you have any questions about this purchase order, please contact With Heart By Hand / 860-343-9331 / jean@withheartbyhand.com

Authorized by