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Purchase Order

Bill To: Name: Company: Address: State: Zip: Phone:() Fax:()					Ship To:	Ship To: Name:					
					Company: Address: State: Zip:						
Ship When Ship Via				n	Buyer	Buyer Terms			Tax ID		
					·						
	Quantity	Item #		Description			Unit Price	Total			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
12											
13											
14											
15											
							Subtotal				
							Shipping				
							Miscellane	eous			
							Balance D	ue			