

**CUSTOMER INFORMATION REQUIRED FOR PURCHASE ORDER**

Date Your P.O. #

Organization Name:

Individual Ordering & Dept:

Telephone: email:

Ordering Address:

City, State & Zip:

Fax #: website URL:

EIN:

Ship to:

Ship to name:

Ship to address:

Ship to city, state, zip:

Accounts payable:

A/P Supervisor:

Telephone: email:

A/P address:

A/P city, state, zip:

**PURCHASE ORDER TERMS: 2% - 10 Days, NET 30**  
+applicable late fees

