

## **PURCHASE ORDER**

Please fill out ligibly and email this document

Bill To: Purchasing Agent: Purchase Order Number: Company Name: Address:		Ship To:  Name:  Company Name:  Address:  Address (additional if required):									
						Address (additional if required):		City, State, Postal Code:			
						City, State, Postal Code:		Country:			
						Country:		Telephone:			
						Telephone:		Shipping Preference: (Air, 1-day, 2-day, 3-day, Ground, etc.)*			
Email - for shipping, tra	acking confirmation:	acceptanc is rendere DUNS nun	e by Swoff d without nber if avai		If a purchase order						
Model No.	Description		Qty.	Price Ea.	Extension						
			Sales Tax								
* Shipping estimates will			(Washington State Only)  Total:								
S	Print Name										