

Purchase Order

PO Number: _____

Date: _____

Expected Delivery: _____

Retailer:

Address: _____

Phone: _____

Email: _____

Supplier:

Address: _____

Phone: _____

Email: _____

Shipping Address: _____

Billing Address: _____

| Item # | Description | SKU | Qty | Unit Price | Unit | Total |
|--------|-------------|-----|-----|------------|------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Subtotal: _____

Tax: _____

Shipping: _____

Grand Total: _____

Payment Terms: _____

Special Instructions / Notes: _____

Authorized Signature (Retailer)

Authorized Signature (Supplier)