

Bulk Merchandise Purchase Order Form

PO Number

Date

Vendor Name

Vendor Contact

Delivery Address

Buyer Name

Buyer Contact

Order Items

#	Product Name/Description	SKU/Code	Qty	Unit Price	Total	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal

Tax (%)

Total Amount

Payment Terms

Requested Delivery Date

Special Instructions / Notes

Buyer Signature & Date

Vendor Acknowledgement & Date