

Blanket Purchase Order

Supplier

Supplier Name: _____

Address: _____

City, State ZIP: _____

Contact: _____

Phone: _____

Customer

Company Name: _____

Address: _____

City, State ZIP: _____

Contact: _____

Phone: _____

Order Details

PO Number: _____

Date Issued: _____

Valid From: _____

Valid To: _____

Order Items

Item No.	Description	Unit	Estimated Qty	Unit Price	Total Amount
1	Sample Part A	pcs	_____	_____	_____
2	Sample Part B	pcs	_____	_____	_____

* Quantities are estimates. Actual releases will be coordinated per schedule.

Delivery Schedule

Release No.	Delivery Date	Item(s)	Qty	Ship To
1	_____	_____	_____	_____
2	_____	_____	_____	_____

Terms & Conditions

- All releases against this Blanket PO must reference this PO number.
- Deliveries as per mutually agreed schedule.
- Prices valid throughout the contract period.
- Invoices to be submitted per release and agreed payment terms.

Authorized by:

Name: _____

Date: _____

Supplier Acceptance:

Name: _____

Date: _____