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PURCHASE ORDER

The following P.O. number must appear on all related Correspondence, shipping papers, and invoices:

Sold To: Company Name: P.O. Box:			ShipTo: Company Name:		
Address			P.O. Box:		
City/State	/7ID·		Address: City/State/ZIP:		
Phone:	ZIF		Phone:		
Fax:			Fax:		
			Email:		
QTY	PART #		TION_	UNIT PRICE	TOTAL
		(List items and/or Enter Quote N			
ID, If not o	n file:			Subtotal:	
lease submit a copy of COMPANY TAX EXEMPTION FORM**			RM**	Tax:	
tional Freight Pick Up Method:				Freight:	
rms: 100% on Order				Other:	
accept Cor	npany or Cashiers	checks. All check payme onk located in the United S		Total:	
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