|  |  |
| --- | --- |
|  | ORDER |
| p.o. # [No.]  Date: [Click to Select Date] | |
| FULL NAME  COMPANY NAME  SALES TAX ID:  CUSTOMER PHONE NUMBER  CUSTOMER EMAIL ADDRESS | |
| PHONE NUMBER  METHOD OF PAYMENT CIRCLE  WIRE, ACH, ZELLE, BANK CHECK, BUSINESS CHECK, PERSONAL CHECK, MONEY GRAM, WESTERN UNION,  TRANSFERWISE, BEHALF, BANK DEPOSIT (TD BANK) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  | |  |  | | BILLING ADDRESS: | SHIP TO ADDRESS |  |

|  |  |  |
| --- | --- | --- |
| SHIPPING METHOD | SHIPPING TERMS | DELIVERY DATE |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| qty | item # | description | job | unit price | line total |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | | | | subtotal |  |
| sales tax |  |
| total |  |

|  |  |  |
| --- | --- | --- |
| Please send two copies of your invoice.  Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.  Please notify us immediately if you are unable to ship as specified.  ALL ITEMS ARE CLOSEOUTS. FINAL SALE. NO REFUNDS. NO RETURNS. NO EXCHANGES. |  |  |
| Authorized by | |