

PURCHASE ORDER FORM



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LOW COST MANUFACTURING

PURCHASE ORDER # _____

BILL TO:
CONTACT: _____
COMPANY NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

SHIP TO:
COMPANY NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

QTY	PART #	DESCRIPTION	PRICE	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SALES PERSON: _____