



Collective Home

PURCHASE ORDER

PO#: _____

Your Representative: _____

PRODUCT LINE _____

SHIP TO: _____

SOLD TO: _____

PHONE #: _____

SHIP VIA: _____

FAX #: _____

SALES REP: _____

BUYER: _____

EMAIL: _____

DATE	NEW	EXISTING	TERMS	SHIP DATE	CANCEL DATE	ORDER TOTAL
STYLE NUMBER	QTY	DESCRIPTION			UNIT PRICE	EXTENSION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

SIGNATURE: _____

NOTES: _____

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