



Client Name _____
 Address _____

 City _____, ST _____
 Zip Code _____
 Country _____
 Phone: _____
 Fax: _____
 Email: _____

Bill To: _____

Ship To: _____

Purchase Order #:
 Date:
 Family ID:

Purchase Order

<i>Req By</i>	<i>Ship When</i>	<i>Ship Via</i>	<i>FOB</i>	<i>Buyer</i>	<i>Terms</i>	<i>Tax ID</i>

<i>Quantity</i>	<i>Item</i>	<i>Units</i>	<i>Description</i>	<i>Discount %</i>	<i>Taxable</i>	<i>Unit Price</i>	<i>Total</i>

Subtotal	
Tax	
Shipping	
Miscellaneous	
Balance Due	

TERMS: _____ Cash _____ Check (Number and amount)
 VISA/MASTERCARD _____
 EXP _____
 SIGNATURE _____

PLEASE NOTE:
 In order to begin publication, half of the package price must be received before work is begun. The balance is due and payable upon receipt of the book(s). There is no exception to this policy. Thank you!

