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| purchase orderDate: PO # [100] |  |
| [Your Company Name][Street Address][City, ST ZIP Code][Phone]Fax [000-000-0000][E-mail address] | VENDOR | Best Used ClothesATTN: Sales DepartmentNew York, NY800-503-5994 | SHIP TO | [Name][Company Name][Street Address][City, ST ZIP Code][Phone]Customer ID [ABC12345] |
|  |
| shipping method | shipping terms | delivery date |
| [ ] AIR Freight [ ] Sea Freight | [ ] FOB [ ]  EX-WORKS | TBD |
|  |
| qty | item # | description | job | unit price | line total |
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|  | Subtotal |  |
| Sales Tax |  |
| Total |  |
| 1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
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| Authorized by | Date |