

DESIGNER NETS

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Purchase Order

Date: _____

COMPANY: _____
ADDRESS: _____

CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
FAX: _____
E-mail: _____

NAME OF PERSON PLACING THE ORDER:

SHIP TO:
COMPANY _____
ADDRESS: _____

CITY: _____
STATE: _____ ZIP: _____

ITEM #	DESCRIPTION	QUANTITY	PRICE	SUB-TOTAL

VISA/MC # _____
XP DATE: _____ SEC # _____

TOTAL: _____