PURCHASE ORDER

Chill Beverages

CHILL BEVERAGES

Date :	
Order Number:	

VENDOR	
	Name and Address :
	Tel No :

DELIVER TO	
	Name and Address :
	Tel No :

DELIVERY METHOD	DELIVERY TERMS	DELIVERY DATE

QTY	DESCRIPTION	UNIT PRICE	TOTAL
		SUBTOTAL	
		SALES TAX	
		TOTAL	

Signed :

Date :