PURCHASE ORDER

Goodman Industries

Purchase Order Form

DATE:

P.O. #

123 Main Street
Anytown, State 00000
www.goodmanind.com
sales@goodmanind.com

VENDOR	SHIP TO
[Name]	(Name)
Address line 1	Address Line 1
Address line 2	Address Line 2
[City, ST ZIP]	[City, ST ZIP]
(email)	(email)

REQUISITIONER	SHIP VIA	F.O.B.	SHIPPING TERMS

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			SUBTOTAL	-
			TAX RATE	0.000%
			TAX	-
			S & H	-
			OTHER	-
			TOTAL	**-**

Other Comments or Special Instructions

Please email us the list back and we will confirm payment details.
Payment to be by PayPal or by cheque.

Authorized by

Date

Thank you!