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| purchase order Date:  PO # [100] | | | | | | | | |  | | | | |
| [Your Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone]  Fax [000-000-0000]  [E-mail address] | | VENDOR | | | Best Used Clothes  ATTN: Sales Department  New York, NY  800-503-5994 | | | SHIP TO | [Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone]  Customer ID [ABC12345] | | | | |
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| shipping method | | | shipping terms | | | | | | | | delivery date | | |
| AIR Freight Sea Freight | | | FOB  EX-WORKS | | | | | | | | TBD | | |
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| 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. | | | | | | |  | | | | |  | |
| Authorized by | | | | | Date | |