**Vendor Order Confirmation Form**

### **Vendor Information**

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Vendor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Purchaser Information**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Purchaser Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Shipping Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Order Information**

* **Order Reference No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Order Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Expected Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Payment Terms: ☐ Prepaid ☐ On Delivery ☐ Net 30 ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_**

### **Product Details**

| **Product Name** | **SKU/Code** | **Quantity** | **Price per Unit** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  | **$\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |
|  |  |  | **$\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |
|  |  |  | **$\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |

**Subtotal: $\_\_\_\_\_\_\_\_\_  
Discount (if applicable): $\_\_\_\_\_\_\_\_\_  
Final Total: $\_\_\_\_\_\_\_\_\_**

### **Shipping & Handling**

**Shipping Method: ☐ Standard ☐ Expedited ☐ Pickup ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_  
Tracking Number (if available): \_\_\_\_\_\_\_\_\_\_\_\_**

### **Acknowledgment**

**☐ The vendor confirms acceptance of this order and agrees to the terms stated.**

**Vendor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  
Purchaser Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**