**Purchase Order Confirmation Form**

### **Company Details**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Customer Details**

**Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Company (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Shipping Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Order Details**

**Order Number: \_\_\_\_\_\_\_\_\_\_\_\_
Order Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Expected Delivery Date: \_\_\_\_\_\_\_\_\_\_\_\_**

### **Order Items**

| **Item Code** | **Description** | **Quantity** | **Unit Price** | **Total** |
| --- | --- | --- | --- | --- |
|  |  |  | **$\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |
|  |  |  | **$\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |
|  |  |  | **$\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_** |

**Subtotal: $\_\_\_\_\_\_\_\_\_
Tax (if applicable): $\_\_\_\_\_\_\_\_\_
Shipping Fee: $\_\_\_\_\_\_\_\_\_
Grand Total: $\_\_\_\_\_\_\_\_\_**

### **Payment Method**

**☐ Credit Card ☐ Bank Transfer ☐ Cash on Delivery ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_**

### **Terms and Conditions**

**☐ This order is non-refundable.
☐ Delivery is subject to availability and shipping conditions.
☐ Payment must be made within [X] days of confirmation.**

### **Authorized Signatures**

**Company Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_
Customer Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**