**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: \_\_\_\_\_\_\_\_\_\_\_\_**