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: _____