

COMPANY:

ADDRESS:

[Empty box for company name and address]

# PURCHASE ORDER

PO# \_\_\_\_\_

PHONE:

[Empty box for phone number]

FAX:

[Empty box for fax number]

VENDOR:

**GE Multilin**

215 Anderson Ave.

Markham, Ontario

Canada L6E 1B3

Phone: (905) 294-6222

Fax: (905) 294-8512

BILL TO:

(if different from above)

[Empty box for bill to address]

SHIP TO:

[Empty box for ship to address]

TERMS

NET 30

FOB

MARKHAM

DATE REQ'D

[Empty box for date req'd]

mm/dd/yy

SHIP VIA

[Empty box for ship via]

PPD or COLLECT

[Empty box for PPD or collect]

FULL ORDER CODE

QTY

UNIT PRICE

FULL ORDER CODE	QTY	UNIT PRICE

END USER NAME AND LOCATION (CITY/STATE)

CONSULTANT NAME AND LOCATION

ATTACH REFERENCES IF NEW CUSTOMER