



PURCHASE ORDER

Date:

PO #

Vendor Name:

Company Name:

Street Address:

City, ST ZIP Code:

Phone:

Customer ID:

Ship To Name:

Company Name:

Street Address:

City, ST ZIP Code:

Phone:

Customer ID:

Qty	Item #	Description	Unit Price	Line Total
Subtotal				
Sales Tax				
Total				

Please send two copies of your invoice.
 Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
 Please notify us immediately if you are unable to ship as specified.
 Send all correspondence to:

Authorized by

Date

Touchstone Industrial Supply,
 Phone (661) 333-8300
 Fax (888) 562-3531
 keith@touchstoneis.com