PURCHASE ORDER

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Detroit MI 48234
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Web Site: www.thethinktank3d.org

TO		SHIP TO		P.O. ORDER #
Name		Name		Must appear on all related correspondents shipping paper and invoices
Company Name		Company Name		
Street Address		Street Address		SCHOOL DISTRICT #
City/State/Zip		City/State/Zip		
Phone #		Phone #		NAME OF SCHOOL#
Email:		Email:		

PO Date	Requisitioner	Shipped VIA	F.O.B. Point	Terms

QTY	UNIT	Vehicle VIN #	Vehicle Type (Gas/Electric/Diesel/ Natural Gas)	Unit Price	TOTAL
				Sub Total	
				Sales Tax	
				Shipping & Handling	
				Other	
				Total	

- Please enter the required Information for the processing of this P.O.
- Please notify US immediately if you are having problems with this P.O. document
- Please keep a copy of invoice

Authorized Signature

Date