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| [201 N. Brand Blvd.](mailto:info@yoursite.com?subject=Project%20Inquery) Suite: 200 Glendale, CA 91203  T: [(844) 855-2590](tel:8448552590)  F: (844) 855-2590 | Purchase invoice  PO REFERENCE #: KI-6118  Date: 4/8/20 |

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| **BILLING INFORMATION** |  | **SHIPPING INFORMATION** |
| Company Name |  | Company Name |
| Street Address |  | Street Address |
| City, State, Zip |  | City, State, Zip |
| Direct Phone Number |  | Direct Phone Number |

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| **QUANTITY** | **DESCRIPTION OF PRODCUT** | **UNIT PRICE** | **DISC %** | **LINE TOTAL** |
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| **Order Terms:**  **Shipping:** Air Freight **Estimated Delivery Date:** 5-10 days from PO payment date **Payment:** 50% deposit due upon acceptance of PO, 50% upon shipping & provided tracking number  **Note:** No order Is guaranteed or in que for production & delivery until the sales invoice is signed for intent to purchase and funds have been wired. | |  | |  |
| **SUBTOTAL** | |  |
| **SALES TAX** | |  |
| **SHIPPING COST** | |  |
| **GRAND TOTAL** | |  |
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Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Buyer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please put attention PPE Supply Department and send it to:

Email: ppe@meainc.com

Fax: (888) 217-5028

***Thank you for your business!***