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| 201 N. Brand Blvd. Suite: 200Glendale, CA 91203T: (844) 855-2590F: (844) 855-2590 | Purchase invoicePO REFERENCE #: KI-6118Date: 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** |  |
|  |  |

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!***