

Barrier Warehouse, LLC.

General Purchase Order Form

Date: _____

PO Number: _____

Bill To:

Billing Telephone: _____

 Email Address: _____

Ship To:

Shipping Telephone: _____

Item Description and Part Number(s)	<u>Price</u>

Subtotal	_____
Shipping (if applicable)	_____
Adjustments (if applicable)	_____
TOTAL	_____

Print Name: _____
 Date _____

Signature: _____

By signing, you agree to remit full payment for the total amount listed above within thirty (30) days of invoice. Barrier Warehouse, LLC, will send invoices promptly once merchandise has shipped to the shipping address listed above. Please include a PO number if you would like to have reference to your order on further communications from our company. Please retain a copy of this purchase order for your records.