

PURCHASE ORDER

CRD

Purchase Order Number : _____ Date: _____

Billing Information :

Shipping information : (Please fill if different from billing)

Name: _____
Company: _____
Address 1 : _____
Address 2 : _____
City : _____
State : _____
Zip Code : _____
Country : _____
Phone No: _____
Email: _____

Name: _____
Company: _____
Address 1: _____
Address 2: _____
City : _____
State : _____
Zip Code : _____
Country : _____
Phone No: _____
Email: _____

Customer ID	Sales Rep ID	Payment Terms	Shipping Method:

Item Code	Item Description (Model) (special requirement if any: color, language)	Qty	Unit Price (HKD)	Total (HKD)

Insurance Value: _____	Subtotal:	_____
	Shipping & Handling:	_____
	Insurance Charge:	_____
	TOTAL :	_____

* Prices are subject to change without prior notice