

PURCHASE ORDER FORM



Please complete in capitals

Please bill to

Company name:		
Contact name:		
Phone:	Email:	
Address:		

Shipping address

Company name:		
Contact name:		
Phone:	Email:	
Address:		

Preferred supplier (Optional)

Company name:	Contact name:	
Phone:	Email:	
Address:		

Order requirements (Optional)

Date of order:	Date required:	
Job number:	Project name:	

Order list

Code and/or description	Total units	Boxes Qty

Please complete this form and send a picture or scan to info.us@celofixings.com
If you need more order lines, please go to www.celofixings.com/orderform to download more.

