

ZAGARA HOME, LLC

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Purchase Order

Date: _____ Account #: _____ P.O. #: _____

Bill To:		Ship To:	
Contact: Phone:	Fax:	Contact: Phone:	Fax:

Ship date: _____ Ship via: _____ Net 30 _____ COD _____ prepaid- _____ Card _____

C Card _____ Exp. Date _____

Card Name _____ Validation Code _____ (last 3 digits on back of card)

Please Ship the Following as Specified

Item	Quantity Ordered	Description	Unit Count	Unit Price	Total Amount
Total					

Special Instructions: If you would like to order on line, please furnish us with your e-mail address so we can e-mail you your USER ID and Password	Date	Approval Signature
	Purchaser Signature	
	Title	