



Purchase Order

P.O. Number _____

P.O. Date _____

Ordered By

Company _____

Address _____

City _____

Country _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Fax Number _____

Contact Name _____

Deliver To

Company _____

Address _____

City _____

Country _____

State/Province _____

Zip/Postal Code _____

Phone Number _____

Fax Number _____

Contact Name _____

Part No.	Description	Quantity	Unit Price	Amount
Terms and Conditions			Total	
<input type="radio"/> Cash			<input type="checkbox"/>	
<input type="radio"/> Credit Card Type <input type="text"/>			<input type="checkbox"/>	
Card Number _____			<input type="checkbox"/> Shipping Charge	
			Grand Total	

Authorized By

MAIL TO: GenII/Neolight 23829 W Desert Bloom ST. Buckeye AZ, 85326