Purchase Order

Your Total Office Innovation Center

Date:
P.O. #:
*Account #:

Vendor
HMS Office Supplies Ltd.
PO Box 1437
291 Water Street
Summerside, PE, C1N 4K2
(902) 436-4281

*Contact Name _____
*Company Name _____
*Address _____
*City, Prov, P/C _____
*Phone # _____

Product #	*Description	*Qty	*U/M (below)	Unit Price	Line Total
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
				Subtotal	0

U/M = Units of Measurements

Each	Sleeve
Box	Case
Carton	Package

Authorized by _____ *Date* _____

* Required Fields

**** If unsure about any field on form, please mark a (?) in the box an a sales agent will contact once received.**

To fax, Please send to (902) 436-4534