## **Crowd Control Direct, Inc.**

## **General Purchase Order Form**

Date:	PO Number:				
Bill To:  Ship To:	Billing Telephone:  Email Address:  Shipping Telephone:				
			Item Description and Part Number(s)		<u>Price</u>
	Subtotal				
	A !!				
	TOTAL				
Print Name:	Signature:				
Date					

By signing, you agree to remit full payment for the total amount listed above within thirty (30) days of invoice. Crowd Control Direct, Inc. will send invoices promptly once merchandise has shipped to the shipping address listed above. Please include a PO number if you would like to have reference to your order on further communications from our company. Please retain a copy of this purchase order for your records.