

## **PURCHASE ORDER FORM**

DATE:	PURCHASE ORDER NUMBER:		TAKEN BY:		
ARCHITEX ACCOUNT NUMBER (OPTIONAL):		STATE RESALE TAX #:			
COMPANY NAME + BILLING ADDRESS:		SHIP TO A	ADDRESS:		
PROJECT TITLE: LOCATION (CITY + STATE):					
DESIGN FIRM/ARCHITEC	T SPECIFYING THIS PROJECT:				
PATTERN:	COLOR:	QTY:	PRICING:	TAGGING:	
SPECIAL FINISHES:			PRICING:		
PATTERN:	COLOR:	QTY:	PRICING:	TAGGING:	
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SPECIAL FINISHES:			PRICING:		
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SPECIAL FINISHES:			PRICING:		
PATTERN:	COLOR:	QTY:	PRICING:	TAGGING:	
SPECIAL FINISHES:			PRICING:		
All pricing is subject to applicable	taxes, duties and shipping.				
SPECIAL NOTES:		ACKNOWLEDGMENT CONTACT INFORMATION:			
		NAME:	NAME: PHONE:		
			EMAIL:		
		21:17(12)			
SHIPPING METHOD: PRE-PAID OR 3RD PARTY ACCT #:					
Please note, if nothing is requested the default is FedEx Ground. Shipping is at customer's expense, estimated shipping date to be confirmed upon acceptance of order.					
EMAIL FOR INVOICES:					
CHECK HERE: I acknowledge and accept the <u>Architex Terms of Use and Sale</u> .					

This purchase order and terms are subject to acceptance by Architex. If all the information is not provided we will be unable to process this order.