metroArtworks.com

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Purchase Order

New Account Yes ☐

PO #

Order Date _____ Required Date_____ Terms_____

Billing Address:

Account Name_____

Attention_____

Address_____

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Email _____

Shipping Address:

Account Name_____

Attention_____

Address_____

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Ship to phone No._____

Side Mark_____

Qty	Item #	Title/ Description	Size	GW Box wrap Rolled	Frame Style and color	Paper	Unit Price

You will receive a faxed confirmation of your order, excluding shipping costs.

Buyer's Signature_____