SILKROUTE
INTERNATIONAL CORPORATION

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PURCHASE ORDER NO.

Date	Date Req.	Location
Salesperson	Ship Via	Terms

Resale Number ❑ Catalog

FREIGHT: ❑ Collect ❑ Prepaid ❑ Pickup

DELIVERY: ❑ Commercial ❑ Residential

SOLD TO

Telephone: Fax:

E-mail:

SHIP TO

ID	Stock	Quantity	Description	Unit Price	Total Price
				Subtotal:	
				Less Debit:	
				Resale / Tax	
				TOTAL	

Payment Method:
❑ Credit Card
❑ Check
❑ Cash

Please read the back for Terms/Conditions and sign below for confirmation

Signature: _____

CREDIT CARD AUTHORIZATION

Credit Card Number: _____ Expiration Date: _____ Signature: _____