



1340 Specialty Drive, Suite H  
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## PURCHASE ORDER

BILLING ADDRESS	SHIPPING ADDRESS (IF DIFFERENT):
Agency/Company:	Agency/Company:
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:
E-Mail:	E-Mail:

P.O. NUMBER	P.O. DATE	ISSUED BY	SHIP VIA	FOB	TERMS

QTY	ITEM #	DESCRIPTION	UNIT PRICE	AMOUNT
Notes:			<b>Subtotal</b>	
			<b>CA Sales Tax (7.75%)</b>	
			<b>Shipping</b>	
			<b>TOTAL</b>	

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_