NETWORK SYNTHESIS

PURCHASE ORDER FORM

Company Name:______________________________ **Contact Name:**______________________________

Phone Number:______________________________ **Fax Number:**______________________________

Purchase Order No.:______________________ **Date:**______________________________

Bill To Address:

ATTN: ______________________________

____

____

Ship To Address: ☐ (Check if Same as Bill To)

ATTN: ______________________________

____

____

Payment Terms:______________________________

Ship Via:________________/__________________
(Carrier / Method)

F.O.B.: Irvine, California Taxable Sale ☐

Reseller ID #:____________________ Resale Only ☐
(Attach a signed Reseller Certificate)

Shipping Account No.:______________________
(*Required if not on record)

Caen Base Quote No.:______________________
(If Applicable)

Requested Ship Date:______________________ (If Scheduled Order – Attach Delivery Schedule)

Qty.	NS Part No.	Description	Unit Price	Extended Price
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			Total:	$

Authorized Agent Signature:____

Print Name:______________________________ **Date:**______________________________

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