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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