



General Purchase Order Form

Date: _____

PO Number: _____

Bill To:

Billing Telephone:

Email Address:

Ship To:

Shipping Telephone:

Item Description and Part Number(s)

Price

<u>Item Description and Part Number(s)</u>	<u>Price</u>

Subtotal _____

Shipping (if applicable) _____

Adjustments (if applicable) _____

TOTAL _____

Print Name: _____

Signature: _____

Date _____

By signing, you agree to remit full payment for the total amount listed above within thirty (30) days of invoice. CSN Stores will send invoices promptly once merchandise has shipped to the shipping address listed above. Please include a PO number if you would like to have reference to your order on further communications from our company. Please retain a copy of this purchase order for your records.

Simply Ergonomic
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