

PURCHASE ORDER FORM

Date: _____ **PO#** _____ **Ship Date:** _____ **Ship to:** _____
New Customer **Customer Name :** _____ **Bill to:** _____
Contact: _____ **Address:** _____ **Phone:** _____ **FOB from:** _____
Fax _____ **Ship Date:** _____ **Payment:** **LC** **Net 30 Days**
E-mail _____

	Commodity Description	wt/kgs	qty	cbms per carton	retail	cost	extended cost
style#	description:						
upc#	case pk _____						
	hts# _____						
	duty% _____						
	master ctn size:						
	sku# _____						
style#	description:						
upc#	case pk _____						
	hts# _____						
	duty% _____						
	master ctn size:						
	sku# _____						
style#	description:						
upc#	case pk _____						
	hts# _____						
	duty% _____						
	master ctn size:						
	sku# _____						
style#	description:						
upc#	case pk _____						
	hts# _____						
	duty% _____						
	master ctn size:						
	sku# _____						
style#	description:						
upc#	case pk _____						
	hts# _____						
	duty% _____						
	master ctn size:						
	sku# _____						
style#	description:						
upc#	case pk _____						
	hts# _____						
	duty% _____						
	master ctn size:						
	sku# _____						
						Total Cost of Goods:	

DETAILS FOR LETTER OF CREDIT:		VENDOR INFORMATION	
Advising Bank :		Vendor Name:	Team Worldwide Corp., Ltd.
Address:		Contact Name:	
Swiftchip#		Vendor Address/w country:	
Account #			9F., No. 24, Songzhi Rd., Xinyi District
Phone #			Taipei City 110, Taiwan (R.O.C.)
Fax #		Phone #:	886-2-2722-2259 Ext. 9
Telex#		Fax #:	886-2-2729-8882
Beneficiary :			
Address:			
Phone #			
Contact person:			