PURCHASE ORDER

Independent Bookstore

Date: _____
PO # _____

Vendor		Ship To	
	Claudia Rivera		Name:_____
	Libélula Books		Company:_____
	P.O. Box 1233		Address:_____
	Waterloo, IA 50704		_____
	319-486-3375		Phone:_____
	Customer ID _____		E-mail:_____

Shipping Method	Shipping Terms	Delivery Date

Qty	ISBN #	Title	Author	Unit Price	Line Total
				Subtotal	
				Sales Tax	
				Total	

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. Send all correspondence to:

Authorized by _____ Date _____