

Purchase Order**851700**

TO <i>Venture</i>	DATE <i>3/5/2027</i>
ADDRESS <i>John. Conly</i>	DATE REQUIRED
CITY, STATE, ZIP	TERMS

SHIP TO	PERFECT SHOULDER CO., INC	HOW SHIPPED
ADDRESS	2 CORTLANDT STREET	REQ. NO. OR DEPT.
	MOUNT VERNON, NY 10550	
	TEL. 914-699-8100	
CITY, STATE, ZIP	FAX. 914-699-8200	FOR

QUANTITY	DESCRIPTION	PRICE	UNIT
1			
2	400 yds V239P Trawl 60" wide (white)		
3	@ 93¢ per yds		
4			
5			
6			
7	Kindly ship UPS Collect		
8	19A1R3		
9			
10			
11	Thanks!		
12			
13			
14			
15			

IMPORTANT	Please send _____ copies of your INVOICE with ORIGINAL BILL OF LADING.
Purchase Order Number must appear on all invoices - packaging, etc.	
Please notify us immediately if you are unable to complete the order by date specified.	PURCHASING AGENT <i>[Signature]</i>

A-5831
T-45140/46141**ORIGINAL**

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