

Purchase Order

851700

TO <i>Leesay</i>	DATE <i>3/5/2027</i>
ADDRESS <i>Attn. Carolyn</i>	DATE REQUIRED
CITY, STATE, ZIP	TERMS

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

QUANTITY	DESCRIPTION	PRICE	UNIT
1			
2	<i>400 yds V235P Twill 60" wide (white)</i>		
3	<i>e 93¢ per yd</i>		
4			
5			
6			
7	<i>Kinol 1 ship UPS Collect</i>		
8	<i>19A1R3</i>		
9			
10			
11	<i>Thanks!</i>		
12			
13			
14			
15			

IMPORTANT

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.

Please send _____ copies of your INVOICE with ORIGINAL BILL OF LADING.

PURCHASING AGENT

Leesay

A-5831
T-46140/46141

ORIGINAL

01-11