



# PURCHASE ORDER

## FEELING BOXES

ADDRESSING THE NEEDS OF THE CHILD

3521 Oak Lawn Ave  
Suite #101  
Dallas, Texas 75219  
Phone (214) 886-1385  
sarah@feelingboxes.com

P.O. # \_\_\_\_\_

DATE: \_\_\_\_\_

**VENDOR** Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SHIP TO** Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST: \_\_\_\_\_

Zip Code: \_\_\_\_\_

SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

QTY	ITEM #	DESCRIPTION	TAX ID	UNIT PRICE	LINE TOTAL

Credit Card Information: MC / Visa / Amex / Disc  
 Number: \_\_\_\_\_  
 Exp.: \_\_\_\_\_ CUID # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

SUBTOTAL	_____
SALES TAX	_____
TOTAL	_____