

Business Product Order Form

Company Name/Attention: _____

Address: _____	City, State: _____
Zip: _____	Phone: _____
	Fax: _____

Ship to: (If Different)

PO#:



Fax: 858-831-0153
 Phone: 858-831-0193
 Web: www.blueinksupply.com

Blue Ink
 Office Supply, Inc

FOB: _____

QTY	Item #	*Unit	Page #	Description	Price

*Unit - BX = Box, CT = Carton, DZ = Dozen, EA = Each, HU = Hundred, PK = Pack, PR = Pair, RL = Roll, RM = Ream, ST = Set, TH = Thousand

Requisitioned by: _____ Approved by: _____ Date: _____