Print Form

PURCHASE ORDER

Bill To:

Business / Agency :			
Name :			
Address :			
City, ST Zip :			
Phone / Fax :			

The following number must appear on all related Correspondence, shipping papers, and invoices:

PO Number :

Contact Name :		
Phone / Fax :		
eMail :		

Vendor: (NOTE: Please only use info below)

Hewlett Packard
Attn: Public Sector Sales
14231 Tandem Blvd
Austin, TX 78728
Voice: 1-800-888-3224
Fax: 1-800-825-2329

Ship To: (Site to be shipped to / No PO Boxes)

Name :			
Business / Agency :			
Address :			
City, ST Zip :			
Phone / Fax :			
eMail :			

P.O. DATE	Contract Name	Contract Number	TERMS
			Net 30 Days

QTY	Part #	Description	Unit Price	Total

Resellers: Please include your Location ID:

Tax ID# if not already on File:

Subtotal :	
Tax :	
Other :	
TOTAL :	

Authorized by **(PO must be signed and dated)** Date

Orders with reseller bill-to addresses must also include an end-user PO.
CarePaqs will be registered to Contact Name & Email unless otherwise indicated.
Fax completed PO to: 800-825-2329