

**Ampersand Group Order Entry Form**

Fax To 330-379-0078 or email to Invoices@TheAmpersandGroup.com

**Purchase Order Number :** \_\_\_\_\_

<b>Your Company Name</b>	
<b>Sales ID / Sales Name</b>	
<b>Today's Date</b>	
<b>Expected Ship Date</b>	

<b>2nd Vendor Name</b>	
<b>2nd Vendor Phone</b>	
<b>2nd Vendor Cost</b>	

<b>Customer PO</b>	
<b>Customer Name</b>	
<b>Customer Phone</b>	
<b>Ship To ZipCode *</b>	

<b>3rd Vendor Name</b>	
<b>3rd Vendor Phone</b>	
<b>3rd Vendor Cost</b>	

\*If Different than Bill To

<b>4th Vendor Name</b>	
<b>4th Vendor Phone</b>	
<b>4th Vendor Cost</b>	

<b>1st Vendor Name</b>	
<b>1st Vendor Phone</b>	
<b>1st Vendor Cost</b>	

Item ID	Item Desc 1	Item Desc 2	Qty	UOM	Sell Price

Notes / Special Instructions: