

Date: _____

PO Number: _____

Bill To Information:

Shipping Information:

Billing Telephone:

Shipping Telephone:

Billing Email Address:

Shipping Email Address:

Item(s) - Include Description and Part Number(s)

Price:

Print Name: _____ Signature: _____

Date: _____

By signing this Purchase Order, you agree to remit full payment for the total amount listed above within thirty (30) days of invoice. homeLOFT Incorporated will send invoices promptly once the merchandise has shipped to the shipping address listed on this purchase order. Please include a PO number for reference to this order. This will be the same reference you will use to communicate with us about this order. Please print a copy of this purchase order for your records.

homeLOFT Incorporated
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