

PURCHASE ORDER COVER SHEET

Order Entry Fax 1-800-405-2264/Email order.entry@ki.com



NOTE: COMPLETE DATA FIELDS ONLY IF DETAILS ARE NOT INCLUDED ON PURCHASE ORDER

FROM
OF PAGES

DATE
PURCHASE ORDER #

Sold To Name
Account #
Address
City/State/Zip

*Bill To Name
Address
City/State/Zip

*When INVOICE address is different than sold to.

Ship To Name
Address
City/State/Zip
Mark For

End User Name
Address
City/State/Zip
Fed. ID #

DELIVERY INFORMATION

Delivery Contact Name
Delivery Contact Phone

CALL BEFORE DELIVERY Yes No
If yes: 24hrs 48hrs
 72hrs Other

RECEIVING

Hours of Operation
Personnel Available Yes No
Dock Available** Yes No
** If no, see other services
Truck Size Limitation

NOTES

REQUESTED DELIVERY DATE (Additional charges may apply)

SPECIFIC DATE REQUIREMENT Yes No
If yes: Deliver On:
(Select one) Deliver By:
Deliver no earlier than:

OTHER SERVICES (Additional charges may apply)

(Check all that apply) Stair Carry After Hours Delivery
 Lift Gate Blanket Wrap
 Ramp Inside Delivery
 Palletize Residential Delivery

ORDER CONTACT

For an Advance Shipment Notifications and/or
An additional Acknowledgement via Email.
(must complete all fields)

Order Contact Name
Order Contact Email
Document ASN Ack Both

ADDITIONAL COMMENTS:

KI INTERNAL USE ONLY

Rep Name/#	SPA #	Market Code (check) 1 = University & College 2 = K-12 3 = Health Care 4 = Federal Government 5 = Mail Order 6 = Med/Large Business (Including old Science & Tech) 8 = Small Business 9 = State/Local Gov't 10 = Religion 11 = Special Event 12 = Industrial 13 = Hospitality 14 = Rental 15 = Superstore (retail) 16 = Transportation 17 = Wholesaler 18 = Mall/Shopping Center
DR Name/#	Contract #	
ISS Name/#	Touched or Fulfilled Order T F	
DST Name/#	ISS Source Shift/Lift/Incremental S L I	
SIF File Name		
KI Quote #		
A/C Yes No Vendor #1 Vendor #2		
Vendor Name		
AC% and Amount		
Contact Name		
Phone/Email		
O/B Yes No Vendor #1 Vendor #2		
Vendor Name		
OB% and Amount		
Contact Name		
Phone/Email		