Karl Knudson Pottery

PURCHASE ORDER

CUSTOMER INFORMATION

Bill To

Name: _____
Address: _____
_____
Phone: _____
E-Mail: _____

Ship To

Name: _____
Address: _____
_____
_____
_____

ORDER DATE: _____

QUANTITY	SIZE	DESCRIPTION	UNIT PRICE	TOTAL COST
			SUBTOTAL	
			+15% SHIPPING	
			TOTAL	

PAYMENT METHOD

☐ Check or Money Order payable to: Karl Knudson Pottery
☐ **Charge to my:** ☐ Master Card ☐ VISA
Account Number _____
Exp. Date _____ Signature _____

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