

Retail Purchase Order Form

Shop Name

Order Date

Contact Person

Phone/Email

Shipping Address

Purchase Order Items

#	Item/Flower Type	Description	Qty	Unit Price	Total
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal

Tax

Total

Special Instructions