Purchase Order

Phone: 215.957.1622 Fax: 215.957.5232
Email: order@penstar.net

Date:

Fill out all information excluding gray areas, which Penstar will complete and contact you with final cost and availability

Bill To: _____ **Tel #:** _____

_____ **Fax #:** _____

_____ **Email Address:**

_____ _____

Order ID:	Customer ID:	Salesperson:	Order Date:	Required Date:	Shipped Date:	Ship Via:

Part No:	Product:	Qty:	Unit Price:	Discount:	Ext. Price:

Payment Information:

☐ **Credit Card-Type**_____ ☐ **Other**

Credit Card # ☐ **Cash**

_____

Exp. Date: _____

☐ **Check**

Check #_____

Subtotal: _____

Freight: _____

Tax (PA): _____

Total: _____

RETURN POLICY:

> All returns subject to 20% restocking fee
> No returns on installed parts or parts not in the original package
> Special orders are non-refundable
> Shortages must be reported within 48 hour to PenStar
> Shipping Loss or Damages are the responsibility of the purchaser and should be reported to the shipper immediately - do not accept damaged boxes.
> See the Return Policy page on our website for return instructions, policy and refunds
> Return Check Fee - $25.00