



# UNIVERSAL IMPRESSIONS

## Purchase Order Form

6393 E.Washington Blvd.  
City of Commerce, Ca 90040  
Ph. 323.722.5592.119  
Fax 323.724.0045

# ORDER FORM

Date: \_\_\_\_\_  
Invoice#: \_\_\_\_\_  
Sub Total: \_\_\_\_\_

### Sold To:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

### Billing To:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

Stock#	Description (ADULT/YOUTH)	QTY.	Stock#	Description (ADULT/YOUTH)	QTY.
1.			23.		
2.			24.		
3.			25.		
4.			26.		
5.			27.		
6.			28.		
7.			29.		
8.			30.		
9.			31.		
10.			32.		
11.			33.		
12.			34.		
13.			35.		
14.			36.		
15.			37.		
16.			38.		
17.			39.		
18.			40.		
19.			41.		
20.			42.		
21.			43.		
22.			44.		