

**YOUR COMPANY NAME**Address  
CITY, STATE, ZIP CODE  
Phone Number**FUEL  
PURCHASE  
ORDER****001001****PURCHASE ORDER**  
SHOW THIS NUMBER:  
ON YOUR INVOICE

TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

| QUANTITY    | DESCRIPTION  | PRICE       | AMOUNT |
|-------------|--|-------------|--------|
|             | <input type="checkbox"/> <b>GASOLINE</b> <input type="checkbox"/> <b>DIESEL</b>  |             |        |
|             | For Stock #  |             |        |
|             | <input type="checkbox"/> <b>NEW CAR</b> <input type="checkbox"/> <b>PARTS</b>    |             |        |
|             | <input type="checkbox"/> <b>USED CAR</b> <input type="checkbox"/> <b>SERVICE</b> |             |        |
| FOR JOB NO. | ACCOUNT  | APPROVED BY |        |

**YOUR COMPANY NAME**Address  
CITY, STATE, ZIP CODE  
Phone Number**FUEL  
PURCHASE  
ORDER****001002****PURCHASE ORDER**  
SHOW THIS NUMBER:  
ON YOUR INVOICE

TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

| QUANTITY    | DESCRIPTION  | PRICE       | AMOUNT |
|-------------|--|-------------|--------|
|             | <input type="checkbox"/> <b>GASOLINE</b> <input type="checkbox"/> <b>DIESEL</b>  |             |        |
|             | For Stock #  |             |        |
|             | <input type="checkbox"/> <b>NEW CAR</b> <input type="checkbox"/> <b>PARTS</b>    |             |        |
|             | <input type="checkbox"/> <b>USED CAR</b> <input type="checkbox"/> <b>SERVICE</b> |             |        |
| FOR JOB NO. | ACCOUNT  | APPROVED BY |        |

**YOUR COMPANY NAME**Address  
CITY, STATE, ZIP CODE  
Phone Number**FUEL  
PURCHASE  
ORDER****001003****PURCHASE ORDER**  
SHOW THIS NUMBER:  
ON YOUR INVOICE

TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

| QUANTITY    | DESCRIPTION  | PRICE       | AMOUNT |
|-------------|--|-------------|--------|
|             | <input type="checkbox"/> <b>GASOLINE</b> <input type="checkbox"/> <b>DIESEL</b>  |             |        |
|             | For Stock #  |             |        |
|             | <input type="checkbox"/> <b>NEW CAR</b> <input type="checkbox"/> <b>PARTS</b>    |             |        |
|             | <input type="checkbox"/> <b>USED CAR</b> <input type="checkbox"/> <b>SERVICE</b> |             |        |
| FOR JOB NO. | ACCOUNT  | APPROVED BY |        |

**YOUR COMPANY NAME**Address  
CITY, STATE, ZIP CODE  
Phone Number**FUEL  
PURCHASE  
ORDER****001004****PURCHASE ORDER**  
SHOW THIS NUMBER:  
ON YOUR INVOICE

TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_  
PLEASE ENTER OUR ORDER FOR THE FOLLOWING MERCHANDISE:

| QUANTITY    | DESCRIPTION  | PRICE       | AMOUNT |
|-------------|--|-------------|--------|
|             | <input type="checkbox"/> <b>GASOLINE</b> <input type="checkbox"/> <b>DIESEL</b>  |             |        |
|             | For Stock #  |             |        |
|             | <input type="checkbox"/> <b>NEW CAR</b> <input type="checkbox"/> <b>PARTS</b>    |             |        |
|             | <input type="checkbox"/> <b>USED CAR</b> <input type="checkbox"/> <b>SERVICE</b> |             |        |
| FOR JOB NO. | ACCOUNT  | APPROVED BY |        |