



Turning Point Therapy & Technology, Inc.

P.O. Number _____

P.O. Date _____

Purchase Order/Order Form

Ordered By

Company _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

Deliver To

Company _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

Item No.	Description	Quantity	Unit Price	Amount

Shipping Charge Calculations

Software		Other Items	
Total Order (\$)	Shipping (\$)	Total Order (\$)	Shipping
< 300	7.50	≤ 100	\$10
300 - 500	15.00	> 100	10% of order
> 500	free		

Total
State Tax @
Federal Tax @
Shipping Charge
Grand Total

Authorized By