# Bill To:

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Business / Agency:

Name: Address: City, ST Zip: Phone / Fax:

The following number must appear on all related Correspondence, shipping papers, and invoices:

# PO Number:

Contact Name: Phone / Fax:

Email:

PURCHASE

INVOICE

**Vendor:** (NOTE: Please only use info below)

Hewlett Packard

Attn: Public Sector Sales 14231 Tandem Blvd

Austin, TX 78728

Voice: 1-800-888-3224

Fax: 1-800-825-2329

**Ship To:** (Site to be shipped to / No PO Boxes)

Name: Business / Agency:

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Address: City, ST Zip: Phone / Fax:

Email:

Print Form

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| **P.O. DATE** | **Contract Name** | **Contract Number** | **TERMS** |
|  |  |  | Net 30 Days |

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| **QTY** | **Part #** | **Description** | | **Unit Price** | **Total** |
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| Resellers: Please include your Location ID:  Tax ID# if not already on File: | | |  | **Subtotal :**  **Tax :** |  |
|  |  |
| **Other :**  **TOTAL :** | | | | |  |
|  |

Authorized by **(PO must be signed and dated)** Date

Orders with reseller bill-to addresses must also include an end-user PO. Care Paqs will be registered to Contact Name & Email unless otherwise indicated. **Fax completed PO to: 800-825-2329**