

OFFICE SUPPLIES ORDER FORM

Ordering Department: _____ Order Number: _____

Requester Information:

Full Name: _____
Employee ID: _____
Department: _____
Email: _____

Supplier Information:

Company Name: _____
Contact Person: _____
Phone: _____
Email: _____

Shipping Information:

Shipping Address: _____

Special Instructions / Notes:

Item Description	SKU / Code	Quantity	Unit Price (USD)	Total Price (USD)
Order Details:				

Payment Terms and Conditions:

1. All payments shall be made in U.S. Dollars (USD) unless otherwise agreed in writing. 2. Payment is due within thirty (30) days from the date of invoice unless otherwise specified. 3. Late payments may be subject to interest charges at the maximum rate permitted by law. 4. The Supplier warrants that all items supplied conform to the specifications and are free from defects. 5. The Buyer is responsible for inspecting all items upon receipt and reporting any discrepancies within five (5) business days. 6. This Order Form constitutes a legally binding agreement between Buyer and Supplier under United States law. 7. Any disputes arising from this agreement shall be governed by the laws of the State of _____, without regard to conflict of law principles. 8. Buyer and Supplier consent to the exclusive jurisdiction of the courts located in _____ County, _____. 9. This Order Form may be executed in counterparts, including electronic copies, each of which shall be deemed an original. 10. Neither party shall disclose confidential information obtained in connection with this Order Form except as required by law or expressly agreed in writing. 11. The parties affirm that they have full authority to enter into this agreement and perform their respective obligations herein.

AUTHORIZED BUYER SIGNATURE

AUTHORIZED SUPPLIER SIGNATURE

Signature: _____

Signature: _____

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