



GENERAL MARINE REFRIGERATION CORP.

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PURCHASE ORDER

Company: _____

Your P.O. No.: _____

Tax Exempt. No.*: _____

Contact: _____

Phone No.: _____

Your Ref: _____

Fax No.: _____

*If tax exempt please include Tax Exemption Certificate.

Billing Address:	Shipping Address:
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Ship Via: _____

Order Date: _____

Line	P/N & Description	Qty. Order		Unit Price	Amount

FOB Shipping Point PPD&AD Quote No.: GMR –	Sub Total:
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Additional Instructions:	
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Signature: _____	Total (USD):
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