



# PURCHASE ORDER

**K & D Pharmaceutical Consulting, LLC.**

10705 Dewey Way E. New Market, MD.21774

**TEL:1-301-331-0007**

**FAX:1-301-869-0008**

Date	P.O. No.

<p><b>Bill To:</b>  <i>Company:</i>  <i>Street Address:</i>  <i>City, State, Zip:</i>  <b>Telephone (     )     -</b>  <b>Email Address</b>  <b>Fax Number</b></p>	<p><b>Ship To:</b>  <i>Company:</i>  <i>Street Address:</i>  <i>City, State, Zip:</i>  <b>Telephone (     )     -</b>  <b>Deliver To:</b>  <b>Receiving:</b></p>
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Payment Method	Ship Via

Item#	Product Name/Description	Pill Count	QTP	Subtotal



<b>Total \$</b>
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Please blind ship to the address above

**Authorized Signature**

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