



General Purchase Order Form

Date: _____

PO Number: _____

Bill To:

Billing Telephone: _____

Email Address: _____

Ship To:

Shipping Telephone: _____

Item Description and SKU Number(s)

Price

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| | |

Subtotal

Shipping (if applicable)

Adjustments (if applicable)

TOTAL

Print Name: _____

Signature: _____

Date _____

By signing, you agree to remit full payment for the total amount listed above within thirty (30) days of invoice. Wayfair will send invoices promptly once merchandise has shipped to the shipping address listed above. Please include a PO number if you would like to have reference to your order on further communications from our company. Please retain a copy of this purchase order for your records.

Wayfair, LLC

4 Copley Place – Floor 7 Boston, MA 02116

Tel 877 WAYFAIR (877.929.3247) – Fax 866.513.2570 – ServiceSquad@wayfair.com