



# PURCHASE ORDER

**PML Consulting Group, LLC**  
**DBA/ Jet-Stream Mfg, LLC**

*"The Best Low Flow Shower Head Money Can Buy"*

30021 Tomas, Suite 300, Rancho Santa Margarita, CA 92688  
 Phone (949) 713-0406 Fax (949) 713-0405  
 E-mail: Showerheadman@cox.net

P.O. # \_\_\_\_\_  
 DATE: \_\_\_\_\_

**VENDOR** Mr. K. H. "Skip" Haynes, Inventor  
 PML Consulting Group, LLC  
 30021 Tomas, Suite 300  
 Rancho Santa Margarita, CA 92688  
 Tel: (949) 713-0406  
 Customer ID 33-0027761

**SHIP TO** Name:  
 Company:  
 Address:  
 City/ST/Zip:  
 Phone:  
 Customer ID:

SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

QTY	ITEM #	DESCRIPTION	JOB	UNIT PRICE	LINE TOTAL
<b>SUBTOTAL</b>					
<b>SALES TAX</b>					
<b>TOTAL</b>					

- Please send two copies of your invoice.
- Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
- Please notify us immediately if you are unable to ship as specified.
- Send all correspondence to:

\_\_\_\_\_  
 Authorized by

\_\_\_\_\_  
 Date

## CREDIT APPLICATION

**FOR THE PURPOSE OF ESTABLISHING CREDIT ACCOMMODATIONS WITH THE ABOVE FIRM, THE FOLLOWING INFORMATION IS SUBMITTED AND IS TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE:**

\_\_\_\_\_

(Date)

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Company) (A/C Telephone No.)

\_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Correspondence Address) \_\_\_\_\_ (City) \_\_\_\_\_ (ST) \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Accounts Payable Contact) ( ) \_\_\_\_\_ - \_\_\_\_\_  
(A/C Telephone No.)

### Company Officers/Owners/Home Telephone No:

\_\_\_\_\_, \_\_\_\_\_ Home: ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Printed Name) (Title)

\_\_\_\_\_, \_\_\_\_\_ Home: ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Printed Name) (Title)

\_\_\_\_\_, \_\_\_\_\_ Home: ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Printed Name) (Title)

\_\_\_\_\_ (Type Of Business) \_\_\_\_\_ (SIC)

\_\_\_\_\_ (License Number) \_\_\_\_\_ (Expiration Date)

\_\_\_\_\_ (Resale Number) \_\_\_\_\_ (Expiration Date)

Business Start Date: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Incorporation Date: \_\_\_\_\_ State: \_\_\_\_\_

**References:** Better Business Bureau Yes \_\_\_\_\_ No \_\_\_\_\_  
 Chamber Of Commerce Yes \_\_\_\_\_ No \_\_\_\_\_  
 Dun & Bradstreet Yes \_\_\_\_\_ No \_\_\_\_\_ # \_\_\_\_\_

**Bank References:**

_____		_____	
Bank Name		Contact Name	
_____		_____	_____
Address		City	St Zip
( ) _____ - _____		_____	
A/C Telephone Number		Checking Account Number	
_____		_____	
Savings Account Number		Loan Account Number	

**Trade References:**

_____	_____	_____	_____	_____	( ) _____ - _____
Company Name	City	St	Zip	A/C	Telephone
_____	_____	_____	_____	_____	( ) _____ - _____
Company Name	City	St	Zip	A/C	Telephone
_____	_____	_____	_____	_____	( ) _____ - _____
Company Name	City	St	Zip	A/C	Telephone

**FOR OFFICIAL USE ONLY** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**PML Consulting Group, LLC (PML) open account terms are Net Ten (10) Days from date of invoice. A 1.5% Service Charge will be added to all balances beyond Thirty (30) Days from the date of the earliest invoice and services will be terminated, without notice, on accounts 60 days past due.**

**Authorized Agent:**

By: \_\_\_\_\_

Signature	Date
_____	_____
Printed Name	Title