



230 N. Milwaukee Ave.
 Vernon Hills, IL 60061
 Toll-free: 800.808.4239
 CDWG.com

REQUEST FOR VERBAL PURCHASE ORDER

Date _____ Customer Account # _____
 Requester Name _____ Organization Name _____
 Billing Address _____
 A/P Contact _____ A/P Phone # _____
 Purchasing Phone # _____ Fax # _____

Purchase Order Type to be used (check one)

Authorized Purchasers

<input type="checkbox"/> CDW•G default—the date the order is placed	_____
<input type="checkbox"/> Customer Blanket PO # _____ (specify)	_____
Exp. date of Blanket PO # _____	_____
Dollar limit of Blanket PO # _____	_____
<input type="checkbox"/> Sequential number with digits (i.e., 564962, 564963, etc.)	_____
<input type="checkbox"/> Prefix with sequential number (i.e., AP091345)	_____
<input type="checkbox"/> Other (must be specific) _____	_____

1. The customer must have placed at least one order using a valid purchase order.
2. Verbal purchase orders will only be accepted from the authorized individuals listed above.
3. Verbal purchase orders are only valid up to \$25,000. Orders over this dollar amount will require written purchase order.
4. All verbal purchase orders are subject to CDW•G's "Net 30" day terms policy.
5. Any payment problems resulting from the use of verbal purchase orders will cause this privilege to be revoked.
6. This agreement must be signed and accepted by the customer's Purchasing Manager and the Accounts Payable Manager.

By signing this, I understand and agree to the above policies:

Purchasing Manager _____ Print Name _____
 Accounts Payable Manager _____ Print Name _____

INTERNAL USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Approved By _____ Date _____
 Customer's CDW•G Account Manager _____ Ext. _____