## P.O. APPROVAL REQUEST

Client Name:		Client No:			Date:		
Client Tel No:					Submitted by:		
Bi	<b>II to</b> Name, Address, Tel#, Fax#	PO Amount	PO Number	Start Ship	Cancel Date	Terms	Comments
T:	F:						
Т:	F:						
T:	F:						
Т:	F:						
Т:	F:						

Pursuant to the terms of our Factoring Agreement, an approval shall not be effective if delivery is made after expiration date, or more than THIRTY days beyond specified cancel date, or more than THIRTY days from the date of approval if no delivery date / expiration date is specified.