**Irrevocable Corporate Purchase Order**

PO or Ref. Number **REFERENCE NUMBER**

DATE

From: Company

Buyer Name, Position

Address

Email

Phone Number

**RE:** Purchase of **QUANTITY** WRITTEN IN WORDSunits of Cranberry Gloves 300-count with Rolls and Extensions to **R&E** **QUANTITY** WRITTEN IN WORDS

To: Cranberry Corporation / Distributor / Private Seller

With full legal and corporate responsibility and under penalty of perjury, we (Company, located at Address) hereby issue our irrevocable corporate purchase order for the following:

**THE BUYER IS AWARE THAT THIS ICPO REFERENCE NUMBER ISSUED TODAY, DATE, IS THE ONLY ACTIVE CURRENT ORDER. ALL OTHER ORDERS FOR QUANTITY WRITTEN OUT GLOVES ARE NOW NULL AND VOID INCLUDING PO NUMBER OTHER PO NUMBERS.** This ICPO supersedes, in its entirety, any and all oral or written communications that previously occurred between Buyer and Seller regarding the above PO/ICPOs.

This IRREVOCABLE CORPORATE `PURCHASE ORDER is valid for two (2) business days and is exclusively being submitted to only your group during the validity period.

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| **Commodity:** | Cranberry nitrile examination gloves (300 pcs per box) |
| **Total Quantity (Units):** | **QUANTITY NUMERICAL AND WRITTEN OUT units with Rolls and Extensions to R&E QUANTITY WRITTEN OUT units** e.g. 1,000,000,000,000 ONE TRILLION units with Rolls and Extensions to TEN TRILLION units |
| **Target Price per Unit:** | Not to exceed **PRICE ALL IN PER UNIT** USD per box (Including 10% commission on base price) |
| **Origin:** | Cranberry Corporation / Private Seller |
| **Appearance** | 300 gloves per box. Sizes small, medium, large and extra-large; standard breakdowns of each size. |
| **Packing:** | Factory New Condition |
| **Delivery terms:** | CIF; Maximum discharge rate per day |
| **Destination:** | USA |
| **Duration of Contract:** | Spot purchase OTG-USA |
| **Inspection:** | Updated SGS Report |
| **Insurance:** | TBD |
| **Payment method:** | 100% escrow loaded within 48 hours after the buyer has verified and authenticated the product. |
| **Shipping Documents:** | This ICPO is contingent upon receipt and verification of  ( ) Full SGS report required  ( ) Partial / redacted SGS containing lot numbers and proof of title will be sufficient. |

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| **BUYER’S INFORMATION:** | |
| **Name:** | NAME |
| **Position:** | POSITION |
| **Company name:** | COMPANY NAME |
| **Registration No:** | REGISTRATION NUMBER |
| **Address:** | Street, City, State, Zip, Country |
| **Business Phone:** | PHONE NUMBER |
| **Mobile:** | PHONE NUMBER |
| **E–mail:** | EMAIL |
| **VOIP ID:** | VOIP ID |
| **Website:** | WEBSITE |
| **Attorney Name:** | If there are any questions about this ICPO, please contact LAWYER NAME |
| **Attorney Law Firm and address:** | ADDRESS |
| **Attorney Phone:** | PHONE NUMBER |
| **Attorney Email:** | EMAIL |

**SOFT PROBE FOR BANK ACCOUNTS**

**(not applicable for Cage Codes)**

The Buyer is of the understanding that any and all offers and/or contracts are subject to successful Seller verification of funds and that said Seller thus has written permission to conduct a soft probe of Buyers account. I/We being of legal authority, grant the right and permission to Seller to vet and confirm the following Buyer’s bank account and financial capability listed herein to affirm that the Buyer is FINANCIALLY READY, WILLING and ABLE to fund and close the transaction.

|  |  |  |
| --- | --- | --- |
| **BUYER’S BANK INFORMATION:** | | |
|  | **ISSUING BANK:** | **CONFIRMING BANK:** |
| **Bank Name:** | BANK NAME |  |
| **Bank Address, City, Country:** | ADDRESS |  |
| **Bank Swift Code:** | SWIFT CODE |  |
| **Bank Telephone:** | PHONE NUMBER |  |
| **Bank Fax:** | FAX NUMBER |  |
| **Account Name:** | ACCOUNT NAME | BANK STAMP / SEAL |
| **Account Number:** | NUMBER |
| **Bank Officers name:** | NAME |
| **Bank Officer E–mail address:** | EMAIL |
| **Bank Website address:** | WEBSITE |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SHIPPING SCHEDULE (CIF destination in accordance with INCOTERMS 2000):** | | | | | |
| **NO.** | **MONTH** | **SHIPMENT SIZE** | **SHIPMENTS PER MONTH** | **TOTAL**  **MONTHLY QUANTITY** | **PREFERRED COUNTRY,**  **PORT OF DESTINATION** |
| **1** | MONTH | NUMBER | NUMBER | NUMBER | LOCATION |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **TOTAL QUANTITY: QUANTITY** | | | | | |

For and on behalf of Company

SIGNATURE**:** CORPORATE STAMP / SEAL

NAME:

TITLE:

PASSPORT NUMBER:

PASSPORT PHOTO

PASSPORT EXPIRY DATE:

COUNTRY OF NATIONALITY:

DATE:

(Separate optional cover letter where applicable:)

The following PO/ICPO numbers are invalid and deemed null and void.

PO Number: xx-xx-xxxx of Quantity on Date\_\_\_\_

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