

Purchase Order Form

Book Order Interaction for Multidimensional Publications

INSTRUCTIONS FOR ORDERING MULTIDIMENSIONAL PUBLICATIONS BOOKS

This form requests information about your agency's books requirements. Based on the requirements that you identify, Multidimensional Publications will give its book vendors a fair opportunity to fill your order. Once a Multidimensional Publications contracting officer has selected a vendor or vendors to fill your order, Multidimensional Publications will establish a customer specific order with the selected vendor(s) with a guaranteed minimum and maximum quantity of supply. Your agency's Multidimensional Publications designated Ordering Officer shall identify the specific books that are required and make individual purchases within the scope of the customer specific order, the Multidimensional Publications interagency agreement, and Ordering Officer authority.

Please provide the information requested below regarding your agency.

Email the completed form with **subject line: “[MULTIDIMENSIONAL PUBLICATIONS] book requirements”**, for example, *ABCD..... book requirements* to multidpublication86@gmail.com

Multidimensional Publications ID:	
Agency Name:	
Contact Name and title:	
Phone and Email:	
Email:	
Agency Ordering Officer, Name and Title	
Phone and Email:	
Shipping Address:	
<i>If you have multiple shipping addresses, or are ordering for different locations please include them here:</i>	

Book No.	Specification	Unit	Quantity	Unit Price	Total Value
				Tax	
				Total Value	

Terms:

Payment by cash or credit prior to delivery. For all government entities or companies that have previously established credit with Multidimensional Publications: Net, 30 days. If you would like to establish an account with Multidimensional Publications, please call us +919918422098. We **handle large orders** major enterprises.

Billing Information

_____/_____
Credit Card Number Exp. Date Cardholder's Name

Address

City State ZIP

Shipping Information ☐ Residential ☐ Commercial

Address

City State ZIP

Contact Information

Name of Contact Title

Phone Fax Email

Carefully Print the Name of cardholder and Card Number (as it appears on the card):

Amount in Words: _____

Currency _____

Sign: _____

Supplier Acceptance/Stamp

Date _____

Prepared by: _____ Date _____

Approval

Sign: _____ Date _____ Financial Review: _____

Procurement Manager

Approval

Sign: _____ Date _____

Program Manager/Director/Head of Dept.

Director: _____

(Approval for Capital Items)

Payment

All orders must be accompanied by a check, purchase order, or a credit card number.

Credit Card, Visa, Mastercard/Eurocard, American Express etc all are acceptable here.