



# PURCHASE ORDER

Consolidated Document Solutions, LLC  
Remit to: P.O. Box 187, Fraser, MI 48026  
Tel (586) 293-8100 · Fax (586) 293-7910

Document **PO-TEST-DEF-B-1779690842745**  
Date **5/25/2026**  
Terms **Net 30**  
Vendor # **VEND-001**

**VENDOR**

**Continental Press & Bindery**

Attn: Marcus Webb  
PO Box 4821  
Cincinnati, OH 45201  
US  
mwebb@continentalpress.example

**SHIP TO**

**Consolidated Document Solutions, LLC**

P.O. Box 187, Fraser, MI 48026

#	Item	Description	Qty	Unit cost	Amount
---	------	-------------	-----	-----------	--------

Subtotal **\$0.00**

**PO total \$0.00**

**TERMS & CONDITIONS**

- Please confirm receipt of this purchase order and the expected ship date.
- Reference this PO number on your packing slip, invoice, and all correspondence.
- Partial shipments are acceptable unless otherwise noted. Notify us of any backorders.