

# SMUGGLER

PURCHASE ORDER  
NO. 70368

1715 N. GOWER STREET, LOS ANGELES, CA 90028 - 5405  
MAIN TEL: (323) 817 - 3300 MAIN FAX: (323) 817 - 3333  
ACCOUNTING FAX: (323) 817 - 3332  
WWW.SMUGGLERSITE.COM

ATTN: VENDOR TO EXPEDITE PAYMENT: INCLUDE P.O. #, JOB NAME & JOB # ON ALL INVOICE(S)

### W-9 INFORMATION

NOTE: IF PAYING AN INDIVIDUAL OR SOLE PROPRIETOR, MUST GET SOCIAL SECURITY #. IF PAYING A COMPANY, MUST GET FEDERAL TAX ID #.

LEGAL BUSINESS NAME OR INDIVIDUAL NAME: Mac Hollywood (Patrick) TODAY'S DATE: 11/2/2010

D.B.A.: \_\_\_\_\_ (If applicable) JOB NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ JOB NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

VENDOR CONTACT NAME: Patrick FAX #: \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_ PLEASE CHECK ONE BOX ONLY: IF L.L.C., ASK WHICH TAX CLASSIFICATION

Social Security #: \_\_\_\_\_  Individual / Sole Proprietor  Corporation  L.L.C. (Corp.) or  L.L.C. (Partnership)

P.O.'S MUST BE COMPLETELY FILLED OUT WITH APPROVAL SIGNATURE. LIST EACH ITEM ORDERED AND APPROXIMATE PRICE (IF EXACT AMOUNT NOT KNOWN). PLEASE ALSO INCLUDE A.I.C.P. LINE #.

WILL BILL  QUICK PAY/ CHECK REQ.: (CHECK ONE)  MAIL  PICKUP Date/Time Required: \_\_\_\_\_

AMEX Cardholder: \_\_\_\_\_  VISA / MC Cardholder: \_\_\_\_\_

Invoice #	Invoice Date	Description: Include Qty., Rental Dates, Passenger Name(s), etc.	Line #	Amount
		Macbook Pro 13in (base package)		
		Applecare Protection		
		Fedex Priority ON		
		38 W 21ST ST 12TH FL		
		NY NY 10010		
		ATTN: LIZ HIGGINS		

CHECK # : _____	AMT: _____	DATE: _____	Sub-Total
CHECK # : _____	AMT: _____	DATE: _____	Tax
			<b>TOTAL</b>

COMPLETED BY: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

VENDOR COPY