



## Purchase Order Information Form

Please fill out this form and email it to [gobraingo@gmail.com](mailto:gobraingo@gmail.com).  
An invoice will be emailed to your organization.



Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name of person handling payment: \_\_\_\_\_

How will you be paying for your subscription(s)  check  credit/debit card

### PAYING BY CHECK

PO# (if applicable): \_\_\_\_\_

Email of person handling payment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Timeline of when check will arrive: \_\_\_\_\_

Do you need a detailed receipt?

### DETAILED RECEIPT INFO

Email of person handling payment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date payment was made: \_\_\_\_\_

Receipts are only be issued after payment has been received.

Please include the names/emails of individual subscribers.



**GoBrainGo**

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