PURCHASE ORDER

Z.I. d'Englandières – 46000 CAHORS – France
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To :.....
Date :.....

Client Code :.....

SIRET :.....

Contact name :.....

Billing address:	Delivery address (if different)
Company :.....	Company :..... ....
Cell phone :	Cell phone :
Tel :..... Fax:	Tel :..... Fax: .....
E-mail :.....	

References	Item name	Quantity complete package	Complete package Nb packages x Nb items = Total items	Unit Price (bef. tax in €)	Total (before tax in €)
			.....x.....=.....		
			.....x.....=.....		
			.....x.....=.....		
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			.....x.....=.....		
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			.....x.....=.....		
			.....x.....=.....		
			.....x.....=.....		

Delivery instructions : Business hours : Closings :	Desired delivery date :	Total bef. tax (€) :
Remarks :		Signature :