PURCHASE ORDER

Mandatory fields have an ( \* ) asterisk next to them.

|  |  |  |
| --- | --- | --- |
| **Delivery address** (If other than invoice address) **\*** |  | **Invoice address\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Customer no\*** | **Customer order no** | **Customer ref\*** |
|  |  |  |
| **Tel no** | **Fax no** | **E-mail\*** |
| **Tel no Finance dpt** | **Ref Finance** | **E-Mail Finance dpt\*** |

**Order**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pos.** | **Qty\*** | **Art no\*** | **Product name/description** | **Price/unit** |
| ***1.*** |  |  |  |  |
| ***2.*** |  |  |  |  |
| ***3.*** |  |  |  |  |
| ***4.*** |  |  |  |  |
| ***5.*** |  |  |  |  |
| ***6.*** |  |  |  |  |
| ***7.*** |  |  |  |  |
| ***8.*** |  |  |  |  |
| ***9.*** |  |  |  |  |
| ***10.*** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Terms of delivery:\*** | Ex works | CPT | CIP | CIF |
| **Means of transport:\*** | Air freight | Sea freight | Express | Road |

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents required:\*** | | | |
| EUR1 | Certificate of Origin (CoO):  Stamped by Boule only  Stamped by Chamber of Commerce (SEK 500)  Stamped by Chamber of Commerce and Embassy  (SEK 500 + actual cost)  Certificate of Analysis (CoA)  Certificate of Conformity (CoC) | Note ifOther:    No documents needed |

|  |
| --- |
| **Other information/comments:** |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Order date:\*** | **Order signature:** |

|  |  |  |
| --- | --- | --- |
| Boule Medical AB  Domnarvsgatan 4  163 53 Spånga | Customer Service Telephone no +46 8 503 87 87 9 | [order@boule.com](mailto:order@boule.com)  [service@boule.com](mailto:service@boule.com) |