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 ABDomnarvsgatan 4163 53 Spånga | Customer Service Telephone no +46 8 503 87 87 9 | order@boule.comservice@boule.com |