

Tel: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]

PURCHASE ORDER

DATE: 27/11/2018 BUYER: [REDACTED] ORDER No: NN32135

VOP cz
Dukelska 102
Senov u Noveho Jicina
742-42
Czech Republic

SHIP TO:

Supplier Fax: [REDACTED]

SUPPLIER CODE
[REDACTED]

PART No.	REV	DESCRIPTION	QTY	UNIT PRICE	DELIVERY DATE
[REDACTED]	[REDACTED]	[REDACTED]	16.00	[REDACTED]	[REDACTED]

Delivery Schedule Qty Date [REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]	12.00	[REDACTED]	[REDACTED]
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Delivery Schedule Qty Date [REDACTED]

[REDACTED]	SUB TOTAL	[REDACTED]
[REDACTED]	VAT AMOUNT	[REDACTED]
[REDACTED]	GRAND TOTAL	[REDACTED]

[REDACTED] AUTHORIZED SIGNATURE [REDACTED]

[REDACTED]

[REDACTED]