

PURCHASE ORDER

Date (mm-dd-yyyy)

451604

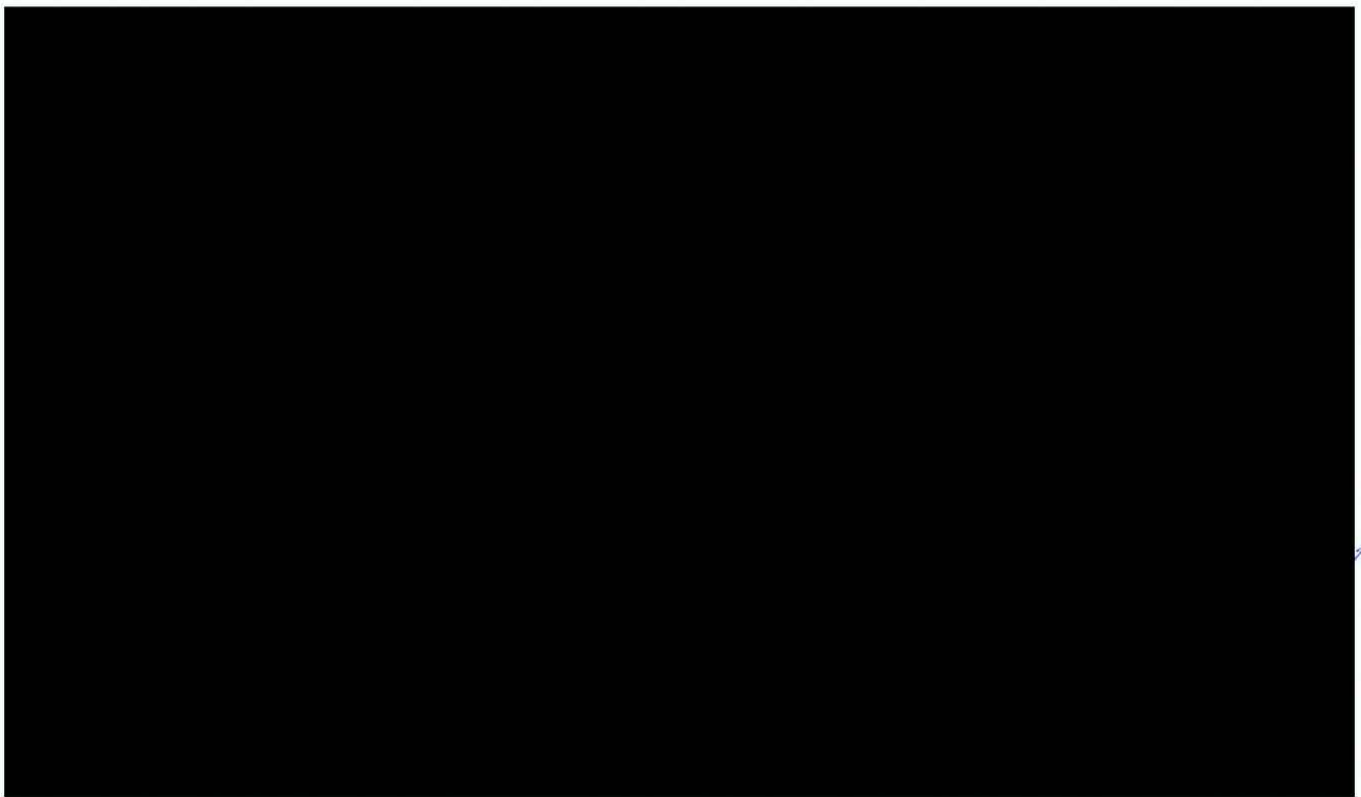
03-11-2019

Page: 1 / 2

Delivery Address	Supplier Address
[REDACTED]	VOP CZ DUKELSKA 102 CZ 74242 SENOV U NOVEHO JICINA Czech Republic Phone: Fax:
Buyer: [REDACTED] Phone: [REDACTED] Email: [REDACTED]	Supplier : [REDACTED] Ref A: Ref B:
[REDACTED]	

Line	Item	Rev	U/M	Qty	Un. Price	Tax	Discount	Ext. Price	Pl.	Del. Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	4.00	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Goods: [REDACTED]	Costs: [REDACTED]	Tax: [REDACTED]	Total HT EUR: [REDACTED]
-------------------	-------------------	-----------------	--------------------------



PURCHASE ORDER

Date (mm-dd-yyyy)

451604

03-11-2019

