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| |  |  | | --- | --- | |  | **Objednávka NO1708518** |  |  |  | | --- | --- | |  | Strana 1 | |  |  |  |  | | --- | |  |  |  |  |  | | --- | --- | --- | | Firemní informace |  | Dodavatel | | **HOLTE MEDICAL, a.s.-v likvidaci** |  | **Prague Medical s.r.o.** | | Roentgenova 2 |  | Belán 602390847,Kněž.271734371 | | 151 19 Praha 5 |  | K Červenému dvoru 3269/25a | |  |  | 12000 Praha 3 | |  |  | Česká republika | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | DIČ |  | CZ25634160 |  | DIČ |  | CZ25112015 | | IČO |  | 25634160 |  | IČO |  | 25112015 | | Telefonní číslo |  | xx |  |  |  |  | | Číslo faxu |  | xx |  |  |  |  | | Banka |  |  |  |  |  |  | | Číslo účtu |  | 216486783/0300 |  |  |  |  |  |  |  |  | | --- | --- | --- | | Obchodní rejstřík |  | Zapsal Městský soud v Praze, oddíl B, vložka 5124 Den zápisu 7.1.1990 |  |  | | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Kód lokace |  |  |  | Datum dokladu |  | |  |  | | --- | --- | | 03.10.17 |  | |  | | Adresa lokace |  |  |  | Očekávané datum příjmu |  | |  |  | | --- | --- | |  |  | |  | |  |  |  |  | Nákupčí |  | xx |  | |  |  |  |  | |  |  | | --- | --- | |  | E-mail | |  | xx |  | |  |  |  |  | |  |  | | --- | --- | |  | Telefon | |  | xx |  | |  |  |  |  |  |  |  |  | |  |  |  |  | Platební podmínky |  |  |  | |  |  |  |  | Způsob dodávky |  |  |  |  |  | | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Číslo** |  | |  |  | | --- | --- | | **Popis / Popis 2** |  | | **Množství** |  | **Měrná jednotka** | **Nákupní cena** |  | **Sleva %** |  | **Sazba DPH** |  | **Částka** | | 0040820 |  | Prague Medical Balleo+3,5x25 | xx |  | |  |  | | --- | --- | | Kus |  | | xx |  |  |  | 15% |  | 138 940,00 | |  |  | stent intrakran. Leo/nitinol |  |  |  |  |  |  |  |  |  |  | |  |  | 002475485 |  |  | |  |  | | --- | --- | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | Prosím fakturovat |  |  | |  |  | | --- | --- | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | a doplnit. |  |  | |  |  | | --- | --- | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  | **Celkem KČ bez DPH** |  | **138 940,00** | |  | 15% DPH |  | 20 841,00 | |  | **Celkem KČ včetně DPH** |  | **159 781,00** |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Identifikátor DPH** |  | **DPH %** |  | **Částka na řádku** |  | **Základ DPH** |  | **Částka DPH** |  | | 15% |  | 15 |  | 138 940,00 |  | 138 940,00 |  | 20 841,00 |  | | **Celkem** |  |  |  | **138 940,00** |  | **138 940,00** |  | **20 841,00** |  |  |  |  | | --- | --- | | Odběratel zaplatí fakturovanou částku daného zboží ve lhůtě do 90 dní od data vystavení příslušného daňového dokladu. |  |  |  | | --- | |  |  |  |  |  | | --- | --- | --- | | Tisk |  | 110 10.10.17 14:04:02 | |

**From:** xx   
**Sent:** Tuesday, October 10, 2017 12:09 PM  
**To:** xx  
**Subject:** RE: Potvrzení obj. NO1708518

Vážená xxxx,

děkuji za Vaši objednávku, v příloze zasílám její potvrzení a přeji hezký den!

S pozdravem,

xx

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BS PRAGUE MEDICAL CS, spol. s r.o.

K Červenému dvoru 3269/25a

130 00 Praha 3 – Strašnice