

PURCHASE ORDER

Date (mm-dd-yyyy)

451542

10-10-2018

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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:
Payment Terms: [REDACTED] Delivery Terms: [REDACTED] Carrier:	

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]

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