

Purchase order form. Thank you for your order! Your SEGUFIX®-Team.

SEGUFIX®-Bandagen

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Billing address

customer no.: _____
 company: _____
 type of business: _____
 street: _____
 postal code / zip code: _____
 city / country: _____

Contact information

Mr. Mrs:
 name, surname: _____
 titel: _____
 phone: _____
 fax: _____
 e-mail: _____

Shipping address

(if different from billing address)
 company: _____
 street: _____
 postal code / zip code: _____
 city / country: _____
 name, surname: _____
 department: _____
 phone: _____

first order repeat order
 PO-number: _____
 commission: _____

qty.	item no.	item description	unit price	total price
Total:				

plus sales tax and shipping costs

Our general terms and conditions apply!



Place / date

signature / stamp