

Order

Supplier

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Client

Contact person: _____
Customer no.: _____
Order no.: _____

Phone: _____
Fax: _____
E-mail: _____

Shipping address

Billing address

Pos.	Product	Quantity

Required delivery date

Date

Stamp/Signature

Standing order

Dispatch: quarterly
 biannually
 yearly

1st Dispatch Date

Stamp/Signature

Standing orders may be cancelled at any time.