



Purchase Order

Reference	
EVENT	COCAL 2008
DATE	9 al 11 . MARZO . 2008
CUSTOMER	
CONTACT	
ADDRESS	
TEL / FAX NUMBER	
e.MAIL	

Details		
#	Payment reference	Currency:

Mode of Payment		
	%	Currency:

Supplier:

Company
Name:
Position:

Date: _____

Signature: _____

Identity Card: _____

Customer:

Company
Name:
Position:

Date: _____

Signature: _____

Identity Card: _____



Please print and send via fax: (598-2) 903 2005 | 902 6181

Amount without taxes

