Purchase order form

KONTRONIK

Contact

Customer number _____
Surname _____
First name _____
Company _____
Street _____
Zip code _____
City _____
Country _____
E-Mail _____
Phone _____
Fax _____
VAT No. _____

_____
If needed different delivery address

_____
_____
_____

Payment

☐ **Credit card**
☐ VISA
☐ Master Card

Card owner _____
Card number _____
Valid thru _____

☐ **Prepayment**

Order

Quantity	Item-no.	Description

_____ _____
Date ***Signature***