

DELIVERY ADDRESS

Invoice number .....  
Invoice date .....  
Credit period ..... days

Your contact .....  
Our contact .....  
Recipient's VAT-no. ....  
Purchase order .....  
Delivery method .....

Total amount to pay

Due date

Art.no.	Description	Pcs.	Item price	Discount	VAT	Subtotal
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AMOUNT FOR EACH VAT LEVEL	Subtotal
	Total VAT
	Rounding
	Total amount

City:  
Org.no:  
VAT-no:  
  
Address:

Telephone:  
Fax:  
E-mail:  
Webpage:  
  
Bank account:  
SWIFT-BIC:  
Bank: