

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	Comment	Pcs.	Item price	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: