		PURC	HASE C	ORDEF	2	
Business Nam	ne:					
Address:						
Phone No.:				Date:		
Email ID:				PO No.:		
Website:						
				•		
Vendor:				Ship To:		
Name:				Name:		
Address:				Address:		
Phone No.:				Phone No.:		
Email ID:				Email ID:		
SHIP VIA SHIPPING METHOD SHIPPIN				TEDMO		DELIVERY DATE
SHIP VIA		SHIPPING METHOD	SHIPPING	IPPING TERMS		DELIVERY DATE
Sl. No.		Description	QTY UN	UNIT	PRICE	TOTAL
Comment For Instructions:				SHRI	TOTAL	
Comment of manactions.				TAX		
					SHIPPING	
				OTHER CHARGE		
					TAL	
		Thanks For L	Doing Busines	s With Us !!	!	
						Vyapar Powered by
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