PURCHASE ORDER FORM				(MEDIQ)	
Supplier name: Supplier address: Country: Contact person: Phone number: Contact e-mail:	Becton, Dickinson B.V. Lange Dreef 11 Acting as part of: th 4131NI Vianen Sederland Solution				
Order number: Order date: Reference name: Reference email:	LCH2020-0186 5.1.2e 5.1.5 Pichulpmiddelen.ni		BTW: KVK:	5.1.5 62677926	
Ordernumber regel	Product/service details supplier	Quantity	Expected delivery date	Price per unit ex. VAT	Amount ex. VAT
LCH2020-0186-01	220245 BDTM ESwab collection kit regular 50 units flocked swab met Amies; EQNL01820/RV	5.110	6-mei-20	511	C 11.600,00

Downpayment: Downpayment date: Payment agreement: Payment term (days): Other agreed terms:	After delivery in warehouse Vianen 30			Total order value (excl. VAT) VAT Total order value (incl. VAT)	€ 2.436,00
Delivery condition: Named place:	DDP Principal name: Centraal Boekhuis, Laanakkerweg 14, 4131 PB Vianen, The Netherlands Principal signatur		5.1.2e		
Delivery address:	Centrael Boekhuis Laanakkerweg 14 4131 PB Vlanen The Netherlands		Supplier name: Supplier signature:	Becton, Dickinson B.V.	
V/e kindly requ	uest you to check this order on product details, volume, delivery date, price and order value. Deviations nee	d to be reported to	the Finance department	of LCH via 5.1.5	hulpmiddelen.nl.
This purchase order, a	Delivery and billing need to be conducted stating the or Billing statement requires stating your VAT number an and any related agreement, is conducted under and governed by the general purchase conditions of Mediq Mediq". The Mediq general purchase conditions shall prevail over any general conditions	d bank account deta	will find these condition		onditions of Purchase of