PURCHASE ORDER FORM

MEDIQ

Malvern Medical Developments Unit 10, Northbrook Close, Worcester, Supplier name: Supplier address:

LCH2020-0259

Worcestershire, WR3 8BP

United Kingdom 5.1.2e 0190: 5.1.2e Country: Contact person: Phone number: Contact e-mail: 5.1.2e malmed.co.uk

Order date: 28-7-2020 Reference name: Reference email: 5.1.2e

Order number:

Mediq Nederland B.V.
Acting as part of: the Landelijk Consortium Hulpmiddelen (LCH)

Rijnzathe 10 3454 PV Utrecht The Netherlands

Invoice address: 5.1.5 @lchulpmiddelen.nl

5.1.5 62677926 VAT number: KVK:

Ordernumber regel	51.26 Justanipmiadelen.ni					
	Product/service details supplier	Quantity	E	xpected delivery date	Price per unit ex. VAT	Amount ex. VAT
-01	Oracol Swab per unit - \$11		22.000	31-aug-20		5.1.1c
-02	Carriage UPS 2-3 Days		.1	31-aug-20		3.1.10
	+					
	_					

25.194,40 Total order value (excl. VAT) € Total order value (incl. VAT) € 25.194.40

Downpayment: Downpayment date:

25.194.40

29-7-2020

Bank Transfer. 100% upfront.

Payment agreement: Payment term (days): Other agreed terms:

Delivery condition: Wiichen Named place:

Delivery address: Will be communicated

by our agent

Principal name: Principal signature:

Supplier name: Supplier signature: Malvern Medical Developments

We kindly request you to check this order on product details, volume, delivery date, price and order value. Deviations need to be reported to the Finance department of LCH via

Delivery and billing need to be conducted stating the order number listed above.

Billing statement requires stating your VAT number and bank account details.

This purchase order, and any related agreement, is conducted under and governed by the general purchase conditions of Mediq Nederland B.V.. You will find these conditions in the document "General conditions of Purchase of Mediq". The Mediq general purchase conditions shall prevail over any general conditions of sale of the supplier, which are hereby expressly rejected.