

PURCHASE ORDER FORM



Supplier name: Quidel Ireland Limited 2nd floor
Supplier address: Merchants Square Merchants Road Galway
H91ETN2

Mediq Nederland B.V.
Acting as part of: the Landelijk Consortium Hulpmiddelen (LCH)
Rijnzathe 10
3454 PV Utrecht
The Netherlands

Country: IRELAND
Contact person: 5.1.2e 5.1.2e
Phone number: 5.1.2e
Contact e-mail: 5.1.2e @quidel.com

Invoice address: 5.1.2e @lchulpmiddelen.nl

Order number: LCH2020-0304
Order date: 16-10-2020
Reference name: 5.1.2e
Reference email: 5.1.2e@lchulpmiddelen.nl

VAT number: NL854913981B01
KVK: 62677926

[illegible]

125.010

Total order value (excl. VAT) €	2.515.000,00
VAT €	-
Total order value (incl. VAT) €	2.515.000,00

Downpayment:
Downpayment date:
Payment agreement: Prior to following shipment
Payment term (days):
Other agreed terms: NFU purchase conditions with Annex 1.

Delivery condition: DDP
Named place: Wijnchen
Delivery address: DHL Wijnchen
Bijsterhuizen 3140
6604 LV Wijnchen
The Netherlands

Principal name: _____
Principal signature: _____

Supplier name:	Quidel Ireland Limited 2nd floor
Supplier signature:	5.1.2e

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 5.1.2e@lchupmiddelen.nl.

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

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