

Direction des Contrôles

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Purchase Order for French Pharmacopoeia Reference Standards

Your purchase order reference number:

| BILLING ADDRESS | SHIPPING ADDRESS <i>(only if different from billing address)</i> |
|--|--|
| Company name: | Company name: |
| Full billing address: | Full shipping address: |
| City: | City: |
| Postal code: | Postal code: |
| Country: | Country: |
| | |
| Contact name: | Contact name: |
| Tel: Fax: | Tel: Fax: |
| email: | email: |

| Reference standard name (catalogue number) | Quantity (Price per unit : 45€ inclusive of tax) | Total |
|---|--|-------|
| | | |
| | | |
| | | |
| Date: | Total amount in € (inclusive of tax) | |

Your signature: