PURCHASE ORDER FORM

(For spare parts, P/N. is mandatory)

INVOICE TO
Company name:
Full adress:
cont. adress
Country:
Contactperson:
Phone no:
E-mail adress:

SHIP TO
Company name:
Full adress:
cont. adress
Country:
Contactperson:
Phone no:
E-mail adress:

Your order no:
Date of order:

Requested delivery date:

Notes:

Prestomarine freight selection:

PART NO:	DESCRIPTION:	QTY:	CURRENCY:	PRESTOMARINE PRICE FROM PRICELIST:

For orders below 4000SEK/ 350EUR / 500 CAD / 400 USD / 650 AUD,
Prestomarine applies a handling fee. 450SEK / 40EUR / 60CAD / 50USD / 75 AUD