

FAX ORDER FORM

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RaviRaj Technologies

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PURCHASE ORDER NO.:	CUSTOMER FAX NO.:
CUSTOMER NO.:	CUSTOMER PHONE NO.:
CUSTOMER CONTACT NAME:	CUSTOMER REFERENC:
SHIPPING ADDRESS	INVOICE ADDRESS
COMPANY/INSTITUTE:	COMPANY/INSTITUTE:
ATTENTION:	ATTENTION:
DEPARTMENT:	DEPARTMENT:
STREET:	STREET:
CITY:	CITY:
ZIP/POST CODE/PLZ:	ZIP/POST CODE/PLZ:
COUNTRY:	REQUIRED SHIPPING DATE:
DATE:	
TOTAL PAGES (INCL: THIS PAGE): 1 OF	BILL IN USD REQUIRED <input type="checkbox"/>

ORDER SEND INFORMATION SEND QUOTATION SEND CONFIRMATION

POS.	CAT. NO.	PRODUCT	SIZE	QTY	PRICE/UNIT	TOTAL PRICE
TOTAL NET						
TAX (ONLY VALID FOR INDIA)						
ORDER TOTAL						

We herewith accept the general conditions of sale and delivery of RaviRaj Technologies.

Signature