

The following number must appear on all invoices, bills of lading, and acknowledgements relating to this PO:

PURCHASE ORDER NO:

PURCHASE ORDER DATE:

 / /

TO:

Radiology DU Ltd
PO Box 17 456
Greenlane
Auckland 1564
New Zealand

info@radiologydu.co.nz

ADDRESS INVOICE TO:

Contact Name:

Company:

Address:

Email:

Phone:

Fax:

Preferred method of receiving invoice:

Email

Post

UNIT CODE	DESCRIPTION	UNITS	BOXES

SHIP TO:

/ /

APPROVED BY:

DATE: