

THE ORDER FORM



PURCHASER

Company name: _____
NIP: _____
street, no: _____
ZIP code: _____
locality: _____
phone number: _____
e-mail: _____

Meblowa 29
18 - 400 Lomza
NIP: PL7180050120
p.: +48 86 216 93 84
fax: +48 86 216 93 55
e-mail: devo@devo.pl
www.devo.pl

Place of
delivery:

| no. | furniture series | designation | L/R | color symbol | index | quantity |
|-----|------------------|-------------|-----|--------------|-------|----------|
| 1 | | | | | | |
| 2 | | | | | | |
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| 20 | | | | | | |

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The person authorized to place the order

Remarks: