



RenderX, Inc.  
 228 Hamilton Avenue  
 Palo Alto, CA  
 USA  
 94301  
 Tel: 650.327.1000 Fax:650.328.8008

**PURCHASE ORDER**  
**350000030640**



3 500000 306401

Date of issue : 02.01.2006  
 Printing Date : 05.20.2024

**Vendor no.: 112456**

RenderX Inc  
 228 Hamilton Ave.  
 Palo Alto  
 USA

Contact person :  
 Telephone no. : 021 641 19 9020  
 Fax : 021 641 19 8820  
 E-mail address :

Buyer :  
 Tel. no. :  
 Fax :  
 E-mail :

Number of items : 4  
 Total amount : 4799.799999999999 CHF

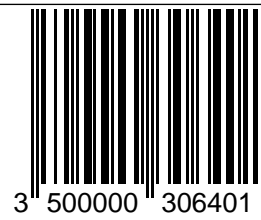
According to your proposal No.: from : we wish to order the following items :

Item	Catalog code	Description	Price per unit	Total
Remark	Delivery date	Ship-to party		
	Quantity	Unit		
1	02.01.2006			
	1	Software	299.95	299.95
<b>Item texts</b>				
XEP Docbench				
2	02.01.2006			
	1	Software	2499.95	2499.95
<b>Item texts</b>				
PDFpower (2-CPU)				
3	02.01.2006			
	1	Software	999.95	999.95
<b>Item texts</b>				
Connectivity Kit				
4	02.01.2006			
	1	Software	999.95	999.95
<b>Item texts</b>				
EnMasse Kit				
<b>TOTAL (CHF)</b>			<b>4799.80</b>	
<b>***** Prices not include V.A.T *****</b>				



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**Date of issue : 05.20.2024**  
**Printing Date : 06.09.2006**

**Header text**

**Terms of payment**

As of end of month +60

**General Conditions**

The vendor must include with all shipping documents and invoices the number of this purchase order and a signed letter with the following statement: We, RenderX Inc, confirm that the shipment is according to the client's order Please inform us of any change in the order details ,otherwise they will be considered correct:

VAT registration no. :

% Withholding tax: Exp. date:

Payment account - Bank key: 9000 Bank number: 01-16618-0

Bill-to party - RenderX, Inc.



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**Printing Date : 06.09.2006**

**Vendor's Approval**

The vendor confirms that he/she has read and checked the order's terms and conditions, and by signing this approval, confirms the ability to fulfill this order accordingly.

First Business Travel

_____ Vendor name	_____ Signed by	_____ Signature	_____ Date
Please reply to :			
Fax :			
E-mail :			