



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

PURCHASE ORDER
350000030622



Date of issue : 01.01.2006
 Printing Date : 05.20.2024

Vendor no.: 112456

Air Business Travel
 Av. de Paille 4 1123
 Lausanne
 Switzerland

Contact person :
 Telephone no. : 012 341 29 5020
 Fax : 012 341 29 6020
 E-mail address :

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

Number of items : 3
 Total amount : 2222.65 CHF

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

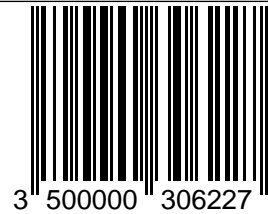
| Item | Catalog code | Description | Price per unit | Total |
|---------------------------------------|---------------|---------------|----------------|--------|
| Remark | Delivery date | Ship-to party | | |
| | Quantity | Unit | | |
| 1 | 01.01.2006 | | | |
| | 1 | Flight | 875.54 | 875.54 |
| Item texts | | | | |
| Paris-Copenhagen-Oslo-Amsterdam-Paris | | | | |
| 2 | 01.01.2006 | | | |
| | 1 | Flight | 375 | 375.00 |
| Item texts | | | | |
| Copenhagen-Paris | | | | |
| 3 | 01.01.2006 | | | |
| | 1 | Flight | 972.11 | 972.11 |
| Item texts | | | | |
| Copenhagen-Oslo-Amsterdam-Paris | | | | |

TOTAL (CHF) 2222.65
 ***** Prices not include V.A.T *****



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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, Air Business Travel, 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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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 :