



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

PURCHASE ORDER

350000030936



Date of issue : 13.01.2006
Printing Date : 05.14.2025

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 : 6
Total amount : 4599.7 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	13.01.2006			
1		Software	299.95	299.95
Item texts				
XEP Docbench				
2	13.01.2006			
1		Software	299.95	299.95
Item texts				
XEP Docbench				
3	13.01.2006			
1		Software	999.95	999.95
Item texts				
WinSuite Kit				
4	13.01.2006			
1		Software	999.95	999.95
Item texts				
WinSuite Kit				



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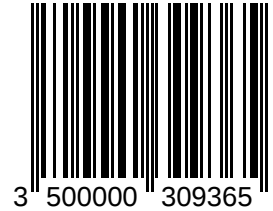
Date of issue : 13.01.2006
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Item	Catalog code	Description	Price per unit	Total
Remark	Delivery date	Ship-to party		
Quantity	Unit			
5	13.01.2006			
	1	Software	999.95	999.95
Item texts				
Connectivity Kit				
6	13.01.2006			
	1	Software	999.95	999.95
Item texts				
WinSuite Kit				
TOTAL (CHF)			4599.70	
***** Prices not include V.A.T *****				



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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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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 :			