| RenderX, Inc. 228 Hamilton Avenu Palo Alto, CA USA 94301 Tel: 650.327.1000 | e Fax:650.328.8008 | PURCHASE ORDER Image: Comparison of the symptotic descent in the symptote descen |
|---|---|--|
| Vendor no.: 112456 | | |
| Low Prices Hardware Store Dot Com Green avenue 23 Lausanne | | Com Buyer : Tel. no. : Fax : |
| United Kingdom | | E-mail : |
| Contact person | : | |
| Telephone no. : +44 1285 123 60020 | | |
| Fax E-mail address | : +44 1285 123 601 : | 20 Total amount : 940.2 CHF |
| According to your proposal No.: from : we wish to order the following items : | | |
| Item Remark | Catalog code Delivery date Quantity | Description Price per unit Total Ship-to party Unit |
| 1 | 04.02.2006 | |
| Item texts | 1 | Hardware 940.2 940.20 |
| LCD 3X Panels, 2.4kg, 1024 x 768 native res, 1600 x 1200 compressed, 1700 Lumens, 500:1 c/r | | |
| | TOTAL (CHF) | 940.20 |
| ***** Prices not include V.A.T ***** | | |



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

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, Low Prices Hardware Store Dot Com, confirm that the shipment is according to the client's orderPlease 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.



Date of issue : Printing Date :

PURCHASE ORDER

350000031536

05.17.2025 06.09.2006



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

PURCHASE ORDER 350000031536



Date of issue : Printing Date : 06.09.2006

05.17.2025

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 :