Order Nr.					**Shipment Week #**		
Manufacturer	**IMEDEKSA UAB, 39 B, Klaipeda str., LT-97155 Kretinga, LITHUANIA**					Terms of delivery	
	tel.+370-445-77141 fax.+370-445-55221 imedeksa@imedeksa.lt						
	VAT: LT418303610						
Client information	Company/Person Name & Legal address:						
Terms of payment:	VAT reg.Nr.					Goods required	
50% advance payment	Delivery address:					(week number)	
50% balance payable before							
shipment							
Order specification	Tel.Nr.			Contact Person:		Currency: EUR	
#	**Product name / Code**	**Size (m)**	**Q-ty**	**Price per item**	**Total**	**Notes**	
	Sub-Total						
	VAT …...%						
	Total:						
	Deposit paid:						
	Balance to be paid:						

Client _____ Date: _____

Please sign the filled in Order form and fax to +370 445 55221