TOP POL
IML LABELS

Top Pol Sp. z o.o.
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Purchase Orders:
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Form version 03

PURCHASER	PAYER	DATE OF ORDER
		DD-MM-YYYY
		DATE OF DELIVERY
		DD-MM-YYYY

Purchase Order nr . . . . . .

No	Item	Label name	Quantity
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

SUBSTRATE	
	WHITE ORANGE PEEL
	WHITE SEMIGLOSS
	TRANSPARENT
	PET WHITE
	PET TRANSPARENT

VARNISH	
	STANDARD
	UV

TRANSPORT	
	TOP POL
	OWN TRANSPORT

FULL ADDRESS OF DELIVERY

COMMENTS

PURCHASER / CONTACT PERSON