



EMAILED

Purchase Order Reprint

Phone: 608 222-3484
Fax: 608 222-5165
PO BOX 8050
MADISON, WI 53708-8050

Order Number 1524666 000 OP
Vendor # 83101
Runtime Date 1/31/2020
Business Unit 200
Total Order 5,374.20

Phone Number: 011 3154-4471-444 Fax: 011 3154-4465-949
orders-livestockmanagement@nedap.com
NEDAP N.V.
PO BOX 104
INDUSTRIEWEG 1A
NL-7141 DD GROENLO

Ship To
BOUMATIC
1919 S STOUGHTON RD
MADISON Wisconsin 53716

Order Date 9/4/2019
Related PO/SO/WO
Currency Code EUR
Freight Handling Code ExWorks - Yusen
FOB
Delivery Instructions: Please fill out the attached 10+2 form and forward the form to the freight forwarder and BouMatic per instructions on the form. Failure to do so may result in a fine from the US government that we will forward to you.
*****PLEASE IDENTIFY ALL PACKAGES WITH BOU-MATIC PART # AND SHIPPING DATE*****PLEASE DO NOT USE FLO-PAK MATERIAL FOR PACKING*****LTL SHIPMENTS MUST BE SHIPPED ON 48" X 42" OR 48" X 40" PALLETS*****RECEIVING HOURS ARE BETWEEN 7:00 AM AND 2:00 PM
Buyer Number: 2890 GILLES, CHARLES
Ordered By: GILLES, CHARLES

Line num	Rev	Request Arrival	Description	Item Number	UOM	Unit Cost	Quantity Ordered	Extended Price
1	A	11/06/19	STRAP,HEATSEEKER II,LEG	8584759	EA	1.7914	3000	5374.20

5965519

BM p/n 8584759 orders 1ea from Nedap.
01.31 - reprinting, did not receive confirmation at the time.
please confirm this can ship by 02.15?
thank you

Term Net 30	Tax Rate 0	Sales Tax 0	Total Order 5,374.20
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BOUMATIC
MADISON WI 53708-8050
Phone: 608 222-3484
608 222-5165

This PO incorporates the BouMatic Terms & Conditions 8/29/07 Revision. Cost, quantity or date changes must be approved by BouMatic prior to shipping. Any changes made to product including dimensions, components, packaging, processes, or any deviations made since last shipment must be approved by BouMatic prior to shipping.



BouMatic & Dairy Xpress 10+2 Form

Please complete this form for any product shipping via ocean container to the United States. This form must be sent to the appropriate broker prior to shipping the product, and faxed to BouMatic at 608-222-5165. Failure to do so may result in the United States government issuing fines to BouMatic which will be forwarded to you for payment.

Importer Security Filing

(Please send this document at least 5 days prior to loading on the vessel)

Importer: _____

Importer of Record # (IRS or SS#): _____

Commercial Inv. No. _____

AMS House B/L No: _____

Vessel Loading Date: _____

Country of Origin _____

Vessel ETD: _____

Vessel ETA: _____

Vessel Name: _____

Port of Arrival: _____

Port of Departure: _____

SCAC Code _____

HTS # _____

House Bill of Lading #: _____

1. Importer Information

Importer Name:	
Importer Address	
Importer Address	
Importer City	
Importer State & Country	
Importer Zip code	

2. Manufacturer/Supplier

MFG/Supplier Name:	
MFG/Supplier Address	
MFG/Supplier Address	
MFG/Supplier City	
MFG State & Country	
MFG Zip code & Phone #	

3. Ship / Deliver to (If different than #1)

Ship to/Dlvr to Name:	
Ship to/Dlvr to Address	
Ship to/Dlvr to City	
Ship to/Dlvr State & Country	
Ship to/Dlvr to Zip code	

4. Seller (If different than #2)

Seller Name:	
Seller Address	
Seller City	
Seller State & Country	
Seller Zip code	

5. Container Stuffing Location

Cont. Stuff. Name:	
Cont. Stuff. Address	
Cont. Stuff. City	
Cont. Stuff. State & Country	
Cont. Zip code & phone #	

6. Consignee (If different than #1)

Consignee Name:	
Consignee Address	
Consignee City	
Consignee State & Country	
Cons Zip code & phone #	

7. Buyer (if different than Importer)

Buyer Name:	
Buyer Address	
Buyer City	
Buyer State & Country	
Buyer Zip code & phone #	

8. Consolidator/stuffer

Consl/Stuff. Name	
Consl/Stuff. Address	
Consl. Stuff. City	
Consl. State & Country	
Consl. Zip Code & phone #	

PO # _____ . Item Description(s) below

Information Certified Correct By: _____