|  |  |
| --- | --- |
| Company NameStreet street2 Zip City Country Phone Fax achat@dec-industrie.com |  |

|  |  |
| --- | --- |
| If  **Adresse de livraison:**  Title Name  Partner name  Street  street 2  Zip City  State Country  Endif | **Fournisseur:**  Name Title Name  Street  If  street2  Endif  Zip City  State Country  Phone Fax  VAT |

If

**Demande de prix N°:** Order No

Endif

If

**Commande N°:** Order No

Endif

| **Notre référence** | **Votre référence** | **Date** | **Validée par** |
| --- | --- | --- | --- |
| Reference | Ref. fournisseur | Date | Validator |

If

**Notes:**

Notes

Endif

| **Description** | **Taxes** | **Date prévue** | **P.U.(HT)** | **Qté** | **Prix net (HT)** |
| --- | --- | --- | --- | --- | --- |
| Start For | | | | | |
| Supplier code  Supplier name | Tax | Date | Unit Price | Qty | Price |
| If | | | | | |
| *Note:* Notes | | | | | |
| Endif | | | | | |
| End For | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If   |  |  | | --- | --- | |  | Signature |   EndIf | |  |  | | --- | --- | | **Total (HT)** | Price | | **Taxes** | Taxes | | **Total (TTC)** | Total | |