PT. MEDISINDO BAHANA

Rukan Graha Cempaka Mas Blok E 15 Jl. Letjen Suprapto No. 1 Jakarta Pusat. Tel : (021) 425 0665 (hunting) Fax: (021) 425 0703

INVOI	CE INSURA								
		Inv. D	ate	Invoice N	0.	SJ No.		PO Date	PO Cust No.
CUSTOME	<u> </u>			<u>SHIP TO</u>					
ATTN					ATTN				
Code	Item No Description		scription	Unit Price Qty			Amount (Rp)	Remarks	
					-	TOTAL			
						<u> </u>			
Delivery:	1. by		Frei	ight charge:					
Payment	Within	days after	Due :						
	1. Cash	า	2. Che	eck	3. Transfer	4.	Giro		
Remarks									
			Best Regards,						

Name / Signature