

For :

PO Date :

Delivery	1.	<input type="checkbox"/>	ex W/house(P/C/D)	2.	<input type="checkbox"/>	Franco(P/D)	by	<input type="checkbox"/>	Freight charge:
Payment	1.	<input type="checkbox"/>	COD	2.	<input type="checkbox"/>	Prepaid	3.	<input type="checkbox"/>	Free/TO/LF/RP/PT
	5.	Within <input type="text"/>	days after	5a.	<input type="checkbox"/>	SJ/Inv/FP/Tender	5b.	<input type="checkbox"/>	for the Month/Week(M/W)
	By 1)	<input type="checkbox"/>	Cash	2)	<input type="checkbox"/>	Check	3)	<input type="checkbox"/>	Giro
		by			by		by	by	

Best regards

Name / Signature