

PURCHASE ORDER

Buyer,
Siddhivinayak Distributor,

Shop no 10, Suyog Navkar Building A,
Near 7 Loves Chowk, Market Yard Road,
Pune 411 037.

GSTIN: 27ABVPK5495R2Z9



Supplier,
Aloeshell Pharmaa LLP

Address: Office No. 25, Vastushree
Complex, Market Yard, Pune- 411037,
Pune,411037
Phone no: 9371232328
Email: aloeshellpharmaa@gmail.com

GSTIN : 27ABVFA5648J1ZQ

OR NO : PONO_5

OR DT : 28-04-2023

SUP DT : 10-05-2023

TRPT NAME:

Sr No	Description of Goods	PACKIN G	HSN	Box	Qty	MRP	RATE	GST	AMOUNT
1	SHELPHROD (1 POUCH)		30039011		30.00		192.41	692.68	6464.98

Remark :	Total : 6465.00
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Amount In Words : Six Thousand Four Hundred and Sixty Five

GST: As Applicable

Terms & Conditions:

- 1) Subject to PUNE Jurisdiction
- 2) Ensure proper mention of Batch No. Expiry Date & MRP in invoice.
- 3) Kindly supply from single Batch of long expiry.
- 4) Kindly ensure that products are stored under the appropriate condition during transportation.
- 5) No changes in quantities/item permitted unless confirmed with authorized person(s)
- 6) Delivery will not be accepted on last day of month (due to physical stock verification).
- 7) This order cancels all pending orders of above manufacturer/division.
- 8) Adjust all pending claim in this order.

Expecting co-operation for our success. Thanking you.....

For, Siddhivinayak Distributor

Authorized Signatory