

# 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 Pharma LLP**

Address: Pune,  
Pune,411037  
Phone no: 9404042720  
Email: aloeshellpharmaa@gmail.com

GSTIN :

OR NO : PONO\_3

**OR DT : 05-02-2023**

**SUP DT : 05-04-2023**

**TRPT NAME:**

Sr No	Description of Goods	PACKIN G	HSN	Box	Qty	MRP	RATE	GST	AMOUNT
1	SHELPUMP 30CAPS		30039011		50.00		836.00	5016.00	46816.00

**Remark :**

**Total :**

46816.00

**Amount In Words : Forty Six Thousand Eight Hundred and Sixteen**

**GST: As Applicable**

**Terms & Conditions:**

**For, Siddhivinayak Distributor**

- 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.....

**Authorized Signatory**