PURCHASE ORDER

Buyer, Siddhivinayak Distributor,

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

GSTIN: 27ABVPK5495R2Z9

Remark:



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_2 OR DT : 09-05-2023 SUP DT: 09-05-2023

2016.00

Total:

TRPT NAME:

Sr No	Description of Goods	PACKIN G	HSN	Вох	Qty	MRP	RATE	GST	AMOUNT
1	Test Nutra		182883		20.00		90.00	216.00	2016.00
								,	

Amount In Words : Two Thousand 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