PURCHASE ORDER FORM

MEDIQ

Supplier name:	Lasaulec B.V.	**Mediq Nederland B.V.**	
Supplier address:	Kûper 2	Acting as part of: the Landelijk Consortium Hulpmiddelen (LCH)	
	8447 GK	Rijnzathe 10	
	Heerenveen	3454 PV Utrecht	
Country:	The Netherlands	The Netherlands	
Contact person:	5.1.2e		
Phone number:	+316 5.1.2e	**Invoice address:**	5.1.5 @lchulpmiddelen.nl
Contact e-mail:	5.1.2e @lasaulec.nl		
Order number:	LCH2020-0256	**VAT number:**	5.1.5
Order date:	24-7-2020	**KVK:**	62677926
Reference name:	5.1.2e		
Reference email:	5.1.2e @radboudumc.nl		

Ordernumber regel	Product/service details supplier	Quantity	Expected delivery date	Price per unit ex. VAT	Amount ex. VAT
LCH2020-0256	Model 2 van specs	5.1.1c	31-jul-20	5.1.1c	8.612.656,00

Total order value (excl. VAT)	€	8.612.656,00
VAT	€	1.808.657,76
Total order value (incl. VAT)	€	10.421.313,76

Downpayment: 4.168.525,50 €
Downpayment date: 27-7-2020
Payment agreement: 40% down payment, 60% after delivery
Payment term (days): ~~30 days after invoice~~ binnen 7 dgn
Other agreed terms:

Delivery condition: DDP
Named place: Vianen

Delivery address: 5.1.2h

Principal name:
Principal signature: 5.1.2e

Supplier name: Lasaulec B.V.
Supplier signature: 5.1.2e

We kindly request you to check this order on product details, volume, delivery date, price and order value. Deviations need to be reported to the Finance department of LCH via 5.1.2e @lchulpmiddelen.nl.

Delivery and billing need to be conducted stating the order number listed above.

Billing statement requires stating your VAT number and bank account details.

This purchase order, and any related agreement, is conducted under and governed by the general purchase conditions of Mediq Nederland B.V.. You will find these conditions in the document "General conditions of Purchase of Mediq". The Mediq general purchase conditions shall prevail over any general conditions of sale of the supplier, which are hereby expressly rejected.