

Contract No.	_____
Supplier	_____
Device/Devices	_____

Client's address and contact details

Contact person for contractual queries, price adjustments

Name	_____
Telephone	_____
Email	_____

Contact person for technical queries, protocols

Name	_____
Telephone	_____
Email	_____
Email, protocols	_____

Contact person for clinical queries

Name	_____
Telephone	_____
Email	_____

Address contract

Address	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Invoicing address

Reference (ID)	_____
Reference (name)	_____

Address alt info e-invoicing (Email, GLN, Peppol-id etc.)	<div style="border: 1px solid black; height: 140px; width: 100%;"></div>
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