



Kumbhat Holograms

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PURCHASE ORDER ATTACHMENT

From

Date:

Name of Company _____

Address _____

Contact Person _____

Telephone Numbers _____

Fax Numbers _____

E-mail Address _____

Delivery Address _____

Size in mm _____

Shape _____

Type _____

Surface Application _____

Base film Color _____

Qty. (In sheets) _____

Numbering: INKJET/LASER

From _____ To _____

Rate _____

Mastering Charges _____

CST/VAT No. _____

Excise Duty _____

Delivery Peroid _____

Advance _____

Freight Charges _____ Extra _____

For Client

Concerned Person _____

Designation _____

Signature & Date _____

Kumbhat Holographics

Sales Person _____

Designation _____

Signature & Date _____

Subject to Chennai Jurisdiction only