

Date: _____ Customer: _____ Contact person: _____

Company name: _____ Address: _____

TAX ID number: _____ E-Mail: _____ Phone no: _____

DELIVERY Date: _____ Week: _____ Flexibility: + _____ weeks - _____ weeks

TERMS OF DELIVERY CPT FOB Other

DESTINATION City: _____ Airfreight Truck

TERMS OF PAYMENT _____

PRODUCT Parent Stock Other (specify): _____

Product	Quantity	Price/Currency
<input type="checkbox"/> SN ♀		
<input type="checkbox"/> SN ♂		
<input type="checkbox"/> NC ♀		
<input type="checkbox"/> NC ♂		
<input type="checkbox"/> BN ♀		
<input type="checkbox"/> BN ♂		
<input type="checkbox"/> TN ♀		
<input type="checkbox"/> TN ♂		
<input type="checkbox"/> ♀		
<input type="checkbox"/> ♂		
<input type="checkbox"/> ♀		
<input type="checkbox"/> ♂		
<input type="checkbox"/> Vaccination		

ADDITIONAL INFORMATION / REMARKS:

VACCINATION HVT Rispens IB-Ma5 IB-Primer Vaxxitek
 Other (specify): _____

EXTRAS _____%

CHICKS / BOX _____

MARKING No Color Wing Band

BOXES Plastic Cartons

DOCUMENTS PRIOR TO SHIPMENT (SPECIFY): Proforma Invoice
 _____ _____

TO BE SEND _____ **DAYS PRIOR TO THE CHICK DELIVERY**

signature or replaced by email address

Area Sales Manager

signature or replaced by email address

Customer

signature or replaced by email address

Production

signature or replaced by email address

Sales

I have read and agree to the Terms and Conditions on the H&N website. www.hn-int.com

ORDER FORM

