CSST Group Ltd

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 **CSST Group Order Form**

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|  |

**Customer Purchase Order Number**

|  |
| --- |
|  |

 **Order Date**

**Bill To: Ship To:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name |  |  | Company Name |  |
| Address |  |  | Address |  |
| City |  |  | City |  |
| Postcode |  |  | Postcode  |  |
| Country |  |  | Country |  |
| Attention |  |  | Attention |  |
| Email |  |  | Email |  |
| Contact Number |  |  | Contact Number |  |

|  |  |
| --- | --- |
| Quantityin units |  |
| Priceper unit |  | Total GPBAmount |  |

|  |  |
| --- | --- |
| PaymentTerms & Delivery |  |

By signing this Order Form you are confirming that you are authorised to make the above order, you understand that these diagnostic tests are for use by a healthcare professional and that you have both read and agree to CSST Group’s Disclaimer attached with the email and Terms & Conditions.

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|  |

 **Signed**

 **Name**