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Above Clouds

PURCHASE ORDER FORM

CUSTOMER DETAILS			
Organization:			
Representative Name:			
Position:		**Date of Request:**	
Email Address:		**Mobile Number:**	
Billing Address:			

PURCHASE REQUEST

Service Name	Plan	Start Date	End Date	Remarks

—---------- **TO BE FILLED OUT BY SITC**—----------

COST ESTIMATE	
Gross Amount	
Value Added Tax (12% of Gross Amount)	
Invoice Price Total	

TERMS AND CONDITIONS

1. This proposal must be signed and accepted by both parties at least ten (10) business days before the Subscription Start Date.
2. SITC shall not be liable for the loss or damages to goods or property or an injury to person that may be sustained by the partner, client, employees, agents, and guests for causes beyond the control of SITC.
3. If cancellation of an event is requested after the Purchase Order Form has been signed, a cancellation fee of the total amount of services already rendered will be charged to the CUSTOMER.
4. Payment should be deposited to the following bank account upon receipt of our BIR registered invoice:

   Account Number: 0007 2202 6160
   Account Name: SIALDANG INFORMATION TECHNOLOGY CONSULTANCY
   Receiving Bank: Union Bank of the Philippines

ACCEPTANCE

CUSTOMER and SITC hereby agree to the terms outlined in this Purchase Order Form*.
In witness whereof, the parties have hereunto affixed their signatures.

_____
Organization

Name: _____ _____ _____
Signature Date

Position: _____

Sialdang Information Technology Consultancy

Hajie Sarmiento _____ _____
Owner Signature Date

**Send us an accomplished Purchase Order Form via email sales@sialdang.com or via Contact Us on our website.*