

## **Quotation form YASKAWA USAGED-20VML11**

In order to avoid unnecessary delays related to the order reception process, you are kindly asked to complete the form in full and send it to us along with the malfunctioning device.

First name, surname:  Phone:  E-mail:  E-mail of person authorised to handle	Device description:
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Spółka Jawna with its registered office in Wrocław and I accept its provisions.	
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nka z ograniczoną oupowieuzianiością sp. k.	nka z ograniczoną oupowieuziamością sp. na Długosza 2-6
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