

## **Quotation form PRO-FACE AST3401-T1-D24**

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.

Fault description:  Brief description of the fault:  Error codes / information displayed on screens (if applicable):  Company information:  Name: Tax ID. (NIP): Registered office address: Address for shipping: Personal collection of device:  Yes/No  Contact person information:  First name, surname: Phone:	description:  Brief description of the fault:  Error codes / information displayed on screens (if applicable):  any information:  Name:  Tax ID. (NIP):  Registered office address:  Address for shipping:  Personal collection of device:  ct person information:  First name, surname:		Manufacturer:	PRO-FACE
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