

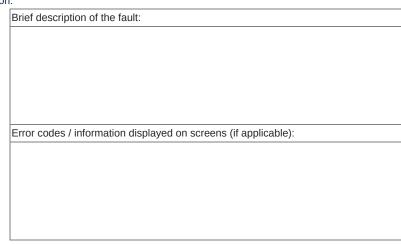
Quotation form KAESER SC2MCS

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.

Device description:

| Manufacturer: | KAESER |
|---------------|--------|
| Model: | SC2MCS |

Fault description:



Company information:

| Name: | |
|----------------------------|--------|
| Tax ID. (NIP): | |
| Registered office address: | |
| Address for shipping: | |
| Personal collection of | Yes/No |
| device: | |

Contact person information:

| First name, surname: | |
|----------------------|--|
| Phone: | |
| E-mail: | |
| E-mail of person | |
| authorised to handle | |
| payments: | |

I hereby declare that I have familiarised myself with the Repair Service Regulations made available to me by RGB Elektronika Agaciak Ciaciek Spółka Jawna with its registered office in Wrocław and I accept its provisions.

SHIPPING ADDRESS:

RGB Elektronika
spółka z ograniczoną odpowiedzialnością sp. k.
Jana Długosza 2-6
51-162 Wrocław
Poland

Contact:

- <u>4/7 +48 71 750 09 77</u>
- ⊠ info24@rgbrepairs.com

