

Quotation form KRAUSS MAFFEI PS500 REV.1

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: | KRAUSS MAFFEI |
| Model: | PS500 REV.1 |

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: | |
| 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

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