

Quotation form CONTRAVES ADB/V190.30M

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.

Model: ADB/V190.30M 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: Contact person information: First name, surname: Phone: E-mail:	Device de	Manufacturer:	CONTRAVES	
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:				
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