

Quotation form SICK SKS36-HFA0-K02

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.

	Manufacturer:	SICK				
	Model:	SKS36-HFA	0-K02			
Foult descrip	tion:	·				
Fault descript	Brief description of t	he fault:				
	Brief description of t	ne radit.				
	Error codes / informa	ation displayed on	screens (if a	applicable):		
Company info						
	Name:					
	Tax ID. (NIP):	droce:				
	Registered office ad Address for shipping					
	Personal collection of					
	device:	Yes/No				
Contact perso	on information:	'				
Contact perso		a.				
Contact perso	First name, surname	e:				
Contact perso	First name, surname	e:				
Contact perso	First name, surname Phone: E-mail:	9:				
Contact perso	First name, surname					
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	First name, surname Phone: E-mail: E-mail of person authorised to handle payments:)	· Saniga Da	gulations made	ovojlablo to mo b	N DCR Elektropiko Agoriak
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