

Quotation form SICK SRM50-HGV0-K22

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 descrip	tion:		
	Manufacturer:	SICK	
	Model:	SRM50-HGV0-K22	
=la al a a adada			
Fault description	Brief description of the fau	*	
	bilei description of the rac	t.	
	Encodes Coferentias Calendar and a consequent (for a line black)		
	Error codes / information displayed on screens (if applicable):		
Camana and infan			
Company infor	Name:		
	Tax ID. (NIP):		
	Registered office address:		
	Address for shipping:		
	Personal collection of		
	device:	Yes/No	
_			
Contact persor	information:		
	First name, surname:		
	Phone:		
	E-mail:		
	E-mail of person		
	authorised to handle		
	payments:		
ebv declare that I	have familiarised myself wi	n the Repair Service Regulations made available to	me by RGB Elektronika Agaciak
		Vrocław and I accept its provisions.	
PPING ADDRESS	S:	Contact:	
RGB Elektronika			
	oną odpowiedzialnością sp.	k. <u>24/7 +48 71 750 09 77</u>	
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