

Quotation form GE YOKOGAWA MEDICAL SYSTEMS MA6000308A

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 descript	tion:		1
	Manufacturer:	GE YOKOGAWA MEDICAL SYSTEMS	
	Model:	MA6000308A	
Fault descriptio	n:		
Brief description of the fault:			
	Error codes / information displayed on screens (if applicable):		
Company infor	motion:		
Company inion	Name:		
	Tax ID. (NIP):		
	Registered office address:		
	Address for shipping:		
	Personal collection of	V Al-	
	device:	Yes/No	
Contact person information:			
	First name, surname:		
	Phone:		
	E-mail:		
	E-mail of person		
	authorised to handle payments:		
aby doclare that I	have familiarised muself wi	th the Repair Service Regulations made available to me by RG	P Elektronika Agaciak
		Wrocław and I accept its provisions.	B Elektronika Ayaciak
PING ADDRESS	S:	Contact:	
RGB Elektronika			
	oną odpowiedzialnością sp.	k. <u>24/7 +48 71 750 09 77</u>	
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Poland			