

Quotation form VICKERS RESOLVER FAS2240040P00449

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.

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device		Yes/No			
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Contact person inform	nation:				
First r	name, surname:				
Phone	ne:				
E-ma	ail:				
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autho					
	orised to handle nents:				