

## **Quotation form LTN RE-15-3-D01**

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.

Fault description	Model:  n:  Brief description of the fau	RE-15-3-D01	
Fault description		ult:	
rauli description		ult:	
	Brief description of the rad	ant.	
	Error codes / information of	displayed on screens (if applicable):	
Company inforn	nation:		
	Name:		
	Tax ID. (NIP):		
	Registered office address:		
	Address for shipping:		
	Personal collection of	Yes/No	
	device:		
Contact person	information:		
	First name, surname:		
	Phone:		
	E-mail:		
	E-mail of person		
	authorised to handle		
	payments:		