

## **Quotation form LS INDUSTRIAL SYSTEMS LSLV0110H100-4COFN**

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:	LS INDUSTR	IAL SYSTEMS		
	Model:	LSLV0110H1	00-4COFN		
Cault decerie	tion				_
Fault descrip	Brief description of the	ne fault:			7
	Direct description of the	ic iddit.			_
	From and a / inform	ation diaplayed on a	araona (if annliaghla):		
	Error codes / Informa	ation displayed on s	creens (if applicable):		_
Company inf	ormation:				_
Company ini	Name:				٦
	Tax ID. (NIP):				_
	Registered office ad	dress:			
	Address for shipping				_
	Personal collection of	nf			_
	device:	Yes/No			
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Contact pers	on information:				
	First name, surname	):			
	Phone:				
	E-mail:				
	E-mail: E-mail of person				
	E-mail of person				
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ek Spółka Jaw PING ADDRE RGB Elektronik	E-mail of person authorised to handle payments:  at I have familiarised mys na with its registered offices:  accona odpowiedzialności 2-6	elf with the Repair S ce in Wrocław and I	accept its provisions.  Contact:	<u>77</u>	GB Elektronika Agaciak