

Quotation form LS INDUSTRIAL SYSTEMS LSLV0185H100-4COFN

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.

Device descrip	otion:		_
	Manufacturer:	LS INDUSTRIAL SYSTEMS	
	Model:	LSLV0185H100-4COFN	
Fault descripti	ion:		
·	Brief description of the fault:		
	Error codes / information displayed on screens (if applicable):		
			_
Company info	rmation:		
	Name:		
	Tax ID. (NIP):		
	Registered office address	:	
	Address for shipping:		
	Personal collection of	Yes/No	
	device:		
Contact perso	n information:		
	First name, surname:		
	Phone:		
	E-mail:		
	E-mail of person		_
	authorised to handle		
	payments:		
		ith the Repair Service Regulations made available to me by R	GB Elektronika Agaciak
ek Spółka Jawn	a with its registered office in	Wrocław and I accept its provisions.	
PING ADDRES	S:	Contact:	
RGB Elektronika	A	0.4/7.40.74.750.00.77	
	zoną odpowiedzialnością sp	. k. <u>24/7 +48 71 750 09 77</u>	
Jana Długosza 2			
51-162 Wrocław Boland			
Poland			