

Quotation form LS INDUSTRIAL SYSTEMS LSLV0300H100-4COFN

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:	LSLV0300H100-4COFN	
Fault descripti	on:		
	Brief description of the fa	ult:	
	Error codes / information displayed on screens (if applicable):		
Company info	motion:		
Company inioi	Name:		
	Tax ID. (NIP):		
	Registered office address	:	
	Address for shipping:		
	Personal collection of	Ve albia	
	device:	Yes/No	
Contact perso	n information:		
	First name, surname:		
	Phone:		
	E-mail:		
	E-mail of person		
	authorised to handle payments:		
shy dooloro that	L have familiarised muself w	ith the Repair Service Regulations made available to me by	DCB Floktronika Agasiak
		Wrocław and I accept its provisions.	RGB Elektrorlika Ayaciak
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PING ADDRES	S:	Contact:	
RGB Elektronika			
	zoną odpowiedzialnością sp	. k. <u>24/7 +48 71 750 09 77</u>	
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Poland			