

## **Quotation form SUMTAK LF-100BM-S161**

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:  | SUMTAK   |                       |
|---|--|--|-----------------------|
|   | Model:   | LF-100BM-S161  |                       |
| Fault descript  | ion·   |  |                       |
| r duit descript   | Brief description of the fa  | ult:   |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   | Error codes / information  | displayed on screens (if applicable):  |                       |
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|   |  |  |                       |
|   |  |  |                       |
| Company info  | ormation:  |  |                       |
|   | Name:  |  |                       |
|   | Tax ID. (NIP):   |  |                       |
|   | Registered office address  | S:   |                       |
|   | Address for shipping:  |  |                       |
|   | Personal collection of   | Yes/No   |                       |
|   | device:  |  |                       |
|   |  |  |                       |
| Contact perso   | on information:  |  |                       |
| Contact perso   |  |  | l                     |
| Contact perso   | First name, surname:   |  |                       |
| Contact perso   | First name, surname:<br>Phone:   |  |                       |
| Contact perso   | First name, surname: Phone: E-mail:  |  |                       |
| Contact perso   | First name, surname: Phone: E-mail: E-mail of person   |  |                       |
| Contact perso   | First name, surname: Phone: E-mail:  |  |                       |
|   | First name, surname: Phone: E-mail: E-mail of person authorised to handle payments:  | ith the Denoir Contine Degulations made qualishes to the DCC   | D Elaktroniko Agosisk |
| eby declare tha   | First name, surname: Phone: E-mail: E-mail of person authorised to handle payments:  | vith the Repair Service Regulations made available to me by RG   | B Elektronika Agaciak |
| eby declare tha   | First name, surname: Phone: E-mail: E-mail of person authorised to handle payments:  | vith the Repair Service Regulations made available to me by RG<br>Wrocław and I accept its provisions. | B Elektronika Agaciak |
| eby declare tha<br>ek Spółka Jawr   | First name, surname: Phone: E-mail: E-mail of person authorised to handle payments:  I have familiarised myself w na with its registered office in   | Wrocław and I accept its provisions.   | B Elektronika Agaciak |
| eby declare that<br>ek Spółka Jawr<br>PING ADDRES                                       | First name, surname: Phone: E-mail: E-mail of person authorised to handle payments:  t I have familiarised myself w na with its registered office in |  | B Elektronika Agaciak |
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| eby declare that<br>ek Spółka Jawr<br>PING ADDRES<br>RGB Elektronik<br>spółka z ogranic | First name, surname: Phone: E-mail: E-mail of person authorised to handle payments:  I have familiarised myself w na with its registered office in   | Wrocław and I accept its provisions.  Contact:  24/7 +48 71 750 09 77                                  | B Elektronika Agaciak |
| eby declare that<br>ek Spółka Jawr<br>PING ADDRES<br>RGB Elektronik                     | First name, surname: Phone: E-mail: E-mail of person authorised to handle payments:  I have familiarised myself w na with its registered office in   | Wrocław and I accept its provisions.  Contact:   | B Elektronika Agaciak |