ORDER FORM

Dear Customer,
kindly complete and sign this order form and return to us to ensure smooth order processing. Many thanks!

CUSTOMER (CS)

COMPANY/LEGAL: _____

Main Contact Person: _____

BILLING-ADRESS: _____ Postal Code _____ Town / City

_____ Street _____ Country

Contact Person: _____ Representative: _____

Tel.: _____ Department: _____

Fax: _____ VAT ID No. / VAT No: _____

E-mail: _____ ORDER No: _____

By additional change of the invoice by the client a cost-all-inclusive results

ORDER

Location: _____

Part No.: _____ Volume: _____

Part Identification: _____

Fault Description: _____
in words and image

_____

Job Description: _____
The selection of test measure(s) to be taken, and all reference to any dangers and risks in the execution of such measures, are obligation of the client

_____

Necessary measuring devices / Tools: _____

Order commencement: _____ Order Conclusion: _____

Remuneration and other expenditure rates are outlined in the current price list, which can be requested from B.B.W. Industrieservice GmbH.

Progress Report: none ☐ daily ☐ weekly ☐ monthly ☐ Final Report: yes ☐ no ☐

Other: _____

The client agrees with the obligatory validity of the general trading conditions of B.B.W. Industrieservice GmbH as contained in the respective version. This too can be requested from the company

_____ Place/Date

_____ Customer Signature

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