

REQUEST/ORDER



Service provider: QUALITAS Dienstleistungs GmbH, Max-Planck-Straße 22 b, 09114 Chemnitz, Germany
The client agrees to the general terms and conditions of the service provider.

► Order Data

Parts designation: _____ Probable
Parts number: _____ Quantity: _____
Defects determined: _____

Description of work performed or reference test procedures:

Additional equipment: _____
Special remarks: _____

Persons requested:

From date: _____
Time: _____
Duration: _____

Responsible contact person:

Name: _____
Department: _____
Telephone: _____
Fax: _____

Address: _____
Mobile: _____
Email: _____

► Kundendaten

Client

Company: _____
Department: _____
Name: _____
Street: _____
Town/city: _____
Postcode: _____
Country: _____
Telephone: _____
Fax: _____
Email: _____

Test report number _____
or project number: _____

Invoice address (if different from client address)

Company: _____
Department: _____
Name: _____
Street: _____
Town/city: _____
Postcode: _____
Country: _____
Telephone: _____
Fax: _____
Email: _____
VAT ID no.: _____

Remarks: _____

Place, Date

signature

Please return to: **Email: info@qualitas-gmbh.de**

or by fax to: +49 371 8365-200-20