

IDENTITY CARD

Product number :

Model (please tick and fill in):

- Oxyfix : PE*
- Greastop : L (total volume) & L/sec (flow)
- Hydrosep L (total volume) & L/sec (flow)

* PE = People Equivalent

CUSTOMER

(please fill in in printed capitals)

First name : Last name :
Address : Unit, No :
..... Postcode :
City/Town :
Country :
Tel : Mobile :
E-mail :

PRODUCT INSTALLATION

Address (if different) : Unit, No :
..... Postcode :
City/Town : Country :

INSTALLER

Company :
First name : Last name :
Address : Unit, No :
..... Postcode :
City/Town : Country :
E-mail :
Installation date* : Commissioning: Yes No

(* if not, please mention the scheduled commissioning) .../.../.....

I would like to :

- Receive a quote for a Service Agreement contract proposal from a certified technician
- Receive the technical documents of my product