

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 ADDRESS: _____

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 the 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



B.B.W. Industrieservice GmbH

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