SPARE PARTS ORDER FORM

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GIMAX SRL UNIPERSONALE

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				CUSTO	OMER DATA	A					
Surname	e and Nam	ne									
Manufacturer											
Address								No.			
Town/City								Post Code			
County /	Country										
Telephor	ne / Fax										
VAT regi	stration				1 1 1						
			Line DAT	A (see CE ma	arking atta	ched to th	e line)				
Name											
Series - Model / Serial No.											
			1	SPAF	RE PARTS						
FIG.	Ref.			DESC	CRIPTION						QTY.
Stamp:											
							For confirm		//		
							For confirm	alion and	acceptani	ce iaii	riiuliy.
				C	Customer (S	signature):					