Repair service



Date:		**Cust. no.:**	
Inquiry:		☐ **Quote** ☐ **Order** ☐ **Order + confirm.**	
Company:		**Quotation/confirmation by:**	
Street:		**Phone:**	
ZIP, town:		**Fax:**	
Contact:		**Machine:**	
Email:		**Machine no.:**	

Remarks:

Please send your inquiry to one of the following contacts:

Fax: +49 (0) 2332 72-208
Email: zwe@peddinghaus-pfp.de

(Signature / stamp)
Inquiries and orders sent with this form are valid without a signature.