

# REQUEST FOR ADVICE: MACHINES AND TOOLS

<b>Applicant:</b>	<input type="checkbox"/> Designer	<input type="checkbox"/> Private customer	<input type="checkbox"/> Construction company
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<b>Business name</b>			
<b>Name and Surname</b>			
<b>Headquarters address</b>			
<b>Tel. / Fax</b>		<b>E-mail</b>	

Date \_\_\_\_\_

## PRODUCT TYPE

Carpentry tools	<input type="checkbox"/>
Protective cloths	<input type="checkbox"/>
Machines	<input type="checkbox"/>
Lifting	<input type="checkbox"/>

## MACHINE BRAND

MAFELL	<input type="checkbox"/>
DUSS	<input type="checkbox"/>
KMR	<input type="checkbox"/>

NAME	Catalogue Code	Description of request

For requests to repair damaged machinery, contact the area agent who sold the product.

*Technical Office*