

INQUIRY FORM – RESPIRATOR MASK / DISINFECTANT / SURGICAL GOWN
Business customers

General information

Company:

Tax number:

VAT identification number:

Homepage:

Company address

Address:

Postal code / City:

Country:

Invoice address – if different

Name:

Address:

Postal code / City:

Country:

Contact person

Title:

First name:

Last name:

Department:

Phone number:

Fax number:

Email address:

Delivery details

Delivery address:

Latest delivery date:

Comment CAP-ASP:

Items

Pos	Product	Item no.	Amount	Comment
1	Disposable surgical mask type I 3-layer	CAP-med-s-001		
2	Disposable surgical mask type II 3-layer	CAP-med-s-005		
3	KN95 UNICO CAP respirator mask	CAP-med-s-003		
4	500ml euro format dispenser, disinfectant virucidal plus	CAP-med-s-006		
5	1l euro format dispenser, disinfectant virucidal plus	CAP-med-s-007		
6	1l round bottle, disinfectant virucidal plus	CAP-med-s-008		
7	5l canister, disinfectant virucidal plus	CAP-med-s-009		
8	200ml spray, disinfectant virucidal plus	CAP-med-s-010		
9	10l canister, disinfectant virucidal plus	CAP-med-s-011		
10	Surgical gown sterile, PP material 35g, M - XL	CAP-med-s-020		
11	Surgical gown sterile, PP material 45g, M - XL	CAP-med-s-021		
12	Surgical gown sterile, SMS material 35g, M - XL	CAP-med-s-022		
13	Surgical gown sterile, SMS material 45g, M - XL	CAP-med-s-023		

Thank you for your inquiry and for your interest in our services.

Your request and the associated quantities will be checked immediately. After viewing we will send you a non-binding offer by email as soon as possible.

Location, date

Signature, stamp