

## **INQUIRY FORM – RESPIRATOR MASKS**

### **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
1	Disposable medical face mask 3-layer type I	cap-med-102	
2	Disposable medical face mask 3-layer type II	cap-med-103	
3	KN95 Respirators health Mask (similiar like FFP2)	cap-med-104	
4	KN95 Respirators health Mask / valve (similiar like FFP2)	cap-med-105	

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.

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Location, date

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Signature, stamp