

hints:

- 1.) Please complete this form as completely as possible.
- 2.) Print the completed form
- 3.) Save this form under a new name (****. pdf) and send this by mail info@lesyk.de

Note: If your Acrobat Reader does not allow you to save with the entries you have made, please fax us a copy of the printout:

[+49 \(7021\) 72497-20](tel:+4970217249720) or by e-mail info@lesyk.de .

enter data here

contact person

Company

first name

last name

department, division

delivery address

street no. / P.O.BOX

postal code

place

country

invoice address, please fill out if not identical with delivery address

street no. / P.O.BOX

postal code

place

country

VAT number

communication

phone no

fax

mobil

e-mail address

internet

additional details

branch/your products

machine type

plotter type

tool holder, knife holder

preferred application

client characteristics

your message to us

Thank you!

Your information will be handled confidential, in compliance with the rules of legal data protection