

**ORDER FORM**

Dear Customer,  
Kindly complete and sign this order form and return it to us to ensure a smooth order processing. Many thanks!

**CUSTOMER (CS)**

Company/Legal: _____	
Company Number: _____	Industry: _____
Main Contact Person: _____	
Billing Address: _____	
Postal Code	Town / City
Accounting (Contact Person): _____	
Street	Country
VAT ID No.: _____	Order No.: _____

Additional costs will appear, if invoices will be changed by clients afterwards.

**ORDER**

Contact Person: _____	Deputy: _____
Tel.: _____	Department: _____
Fax: _____	E-mail: _____
Order commencement: _____	Order Conclusion: _____
Part No.: _____	Volume: _____
Part Identification: _____	
Place of Action: _____	
Job Description: _____	
<small>(The selection of test measures to be taken, and all references to any dangers and risks in the execution of such measures, is the obligation of the client)</small>	
<b>Work Instructions need to be provided by the OEM!</b>	
Necessary Measuring Devices / Tools: _____	
<b>Interim Reports:</b> <input type="checkbox"/> None <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <b>Final Report:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____	

Remuneration and other expenditure rates are outlined in the current price list, which can be requested from CON5 GmbH. Additional costs will appear, if invoices will be changed by clients afterwards. The customer agrees to the General Terms and Conditions of CON5 GmbH, which can be requested from CON5 GmbH and is also available at [www.con5.eu](http://www.con5.eu).

\_\_\_\_\_  
Place/Date

\_\_\_\_\_  
Customer Signature