



SCANCON

Order Form

SCANCON ORDER FORM KI 7.2-07 - Fax to +45 48 17 22 84 or Email to order@scancon.dk Rev. 1.7 Date: 13-01-2011 App.: CNI

Invoice address:

Delivery address:

Cust. nr. New/Existing			
Company *		Company	
Address *		Address	
Address *		Address	
Address		Address	
Postal code *		Postal code	
Country *		Country	
Attn. *		Attn.	
Invoice E-mail *		Delivery E-mail	
Phone no. *		Phone no.	
Fax. no. *		Fax. no.	
Payment *			
Del. Terms *			
Shipped by/method *		Agent	
Purchasing E-mail *		Agent E-mail	

**required for new customers*

PO no. :	VAT (Required for EU):
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FABR no. :	IDENT no. :
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Qty	Type	Lines	Output	Shaft	IP	Cable Length	Cable take-out	Spring coupling	Scancon Ship Week	Requested delivery date	Sales Price (each)	Other

Applicable statutory and regulatory req. :

*Remarks/accessories:

Expedited Shipping:	24 hr:	48 hr:	3 day:	5 day:
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Internal use only	Signed:	Date:
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