

ZIRKONZAHN GmbH

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Please fax this form to the following number:

+39 0474 066 661

Field for your company stamp

Shipping address in case it is different from company address

Name: _____

Customer Number: _____

Tel. Nr. with area code: _____

Fax Nr. with area code: _____

E-mail: _____

Nr.	Quantity	Item Number	Product Name
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Method of Payment:

- Credit Card
 Bank Transfer

- Order of dangerous goods (Spray) delivery in two shipments (UPS and Executive)**

Date: _____

Signature: _____