

Application Form

Technical Assistance Service

Microla Optoelectronics srl
Labs & Administration
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Date: __/__/2016

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Subject: Technical assistance request

I hereby request the intervention of your technical service support, under the following conditions:

Product type	
Purchase date	
Description of the malfunction
Else	<i>Comment:</i>

Fees for customers without contract:

- 0,80 euros / km
- 80,00 euros / hour, Specialist's travel
- 80,00 euros / hour, Specialist's intervention
- Replaced components at cost price.

Conditions of sale:

- Billing after intervention
- Payment by bank credit transfer 30 days net, end of month.

Stamp and signature for acceptance	Operator Name: Preferred time for intervention: Contact number:
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