



PROTOCOL FOR ORDERING SERVICE OF REPLACING HANDRAILS FOR ESCALATORS OR MOVING WALKWAYS

1. SPECIFIC NAME OF THE CLIENT ORDERING THE SERVICE:

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2. FEDERAL TAX IDENTIFICATION NUMBER:

3. COMPANY REGISTRATION NUMBER:

4. NATIONAL BUSINESS REGISTRY NUMBER:

5. INNER TYPE OF THE HANDRAIL: WITHOUT INNER V: (YES/NO) V TYPE: (YES/NO)

6. SIZE OF THE HANDRAIL: EXTERIOR WIDTH:CM HANDRAIL THICKNESSCM

7. NUMBER OF THE HANDRAILS:

8. LENGTH OF THE LEFT HANDRAIL: 9. LENGTH OF THE RIGHT HANDRAIL:

10. MANUFACTURER OF THE DEVICE: 11. SERIAL NUMBER :

12. CLIENT'S PREFERRED DATE OF THE HANDRAIL REPLACEMENT:

13. APPENDIX: 4 PHOTOS OF THE HANDRAIL:

(A. SHOOT FROM THE TOP/ B. SHOOT OF THE INNER SIDE/ C. LEFT/RIGHT SIDE)

14. CONTACT DETAILS OF THE PERSON RESPONSIBLE FOR THE ORDER:

NAME AND SURNAME E-MAIL ADDRESS

TELEPHONE

CLIENT'S COMPANY STAMP:

CLIENT'S SIGNATURE:

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