



PROTOCOL FOR ORDERING REPAIR SERVICE 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. NATIONAL BUSINESS REGISTRY NUMBER:

4. LOCATION WHERE THE DEVICE IS INSTALLED:

5. TYPE OF HANDRAIL DAMAGE: CUT – NUMBER: 1/2/.....

CUT – NUMBER: 1/2.....

6. NUMBER OF HANDRAILS TO BE REPAIRED: 1/2/.....

7. APPENDIX: PHOTO OF THE DAMAGE/DAMAGES OF THE HANDRAIL/S

8. MANUFACTURER OF THE DEVICE: 9. SERIAL NUMBER URZĄDZENIA:.....

10. CLIENT'S PREFERRED DATE OF REPLACING THE HANDRAIL:

11. CONTACT DETAILS OF THE PERSON RESPONSIBLE FOR ORDERING THE SERVICE:

NAME AND SURNAME E-MAIL ADDRESS

TELEPHONE

CLIENT'S COMPANY STAMP:

CLIENT'S SIGNATURE:

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