

order form - DENTAL SURGERY

Name des Produkts	Verpackung Schachtel / Rolle	Menge	Anzahl der Rollen oder der Schachteln in der Sammelverpackung	Menge Sammel-verpack. grün	Menge Sammel-verpack. blau	Menge Sammel-verpack. gelb	Menge Sammel-verpack. aprikosenfarben	Menge Sammel-verpack. heidefarben	Menge Sammel-verpack. weiß
Classic Servietten für Zahnarztpraxen Löschpapier-Folie 33 x 48 cm	Rolle	40	12 Rollen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	gefaltet Schachtel	80	6 Schachteln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plus Umhänge für Zahnarztpraxen Löschpapier-Folie 51 x 65 cm	Rolle	30	9 Rollen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Umhänge für Zahnarztpraxen Folie 56 x 80 cm	Rolle	100	6 Rollen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentusie Dentalservietten für Kinder 25,5 x 37 cm	Rollen	40	10 Rollen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify the ordered numbers of external packages of a given product in the empty fields.

Customer information (i.e. VAT invoice data)	Delivery address (leave empty fields where the data is identical to the customer information)
First and last name of contact person	Company name
Company name	Company address
Company address	Contact telephone
NIP (Tax ID number)	
Contact telephone	
Fax	
E-mail	

I declare that I am a VAT payer and please send an invoice without signature.

Form of payment: bank transfer prepayment postal collection order

Form of transport: shipment by GLS forwarding company.
Time of delivery for standard orders is up to 7 days.

I authorise the collection and processing of my personal information (pursuant to the Personal Information Protection Law of 29.08.1997) in Weber & Weber Sp. z o.o. database. I shall have the right to review my information, to correct or delete it.

The information will only be used for marketing purposes. It is given voluntarily.

Our Sales Department is open from 8 am to 4 pm
THANK YOU FOR YOUR ORDER

BANK ACCOUNT:
Bank Przemysłowo-Handlowy PBK S.A. O. Cieszyń 72 1060 0076 0000 3200 0076 6970
NIP (Tax ID No.) 548 22 88 774