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- Qualitätssicherung
- Resident-Engineering
- Reklamationsbearbeitung
- Vorort-Service

## **Contract**

Date: \_\_\_\_\_ Mrs. / Mr. \_\_\_\_\_

**Customer:** \_\_\_\_\_

(Invoice-) \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_ Place \_\_\_\_\_

Contact person.: \_\_\_\_\_ Department \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Order No.: \_\_\_\_\_

**Order done in factory/ place:** \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Item No.: \_\_\_\_\_

Item Title: \_\_\_\_\_

Complaint: \_\_\_\_\_

Measuring, equipment, implements. : \_\_\_\_\_

Activity: \_\_\_\_\_

How many employees needed: \_\_\_\_\_

Start / Date: \_\_\_\_\_

Labeling: \_\_\_\_\_ Instruction by Mrs. / Mr.: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
**Place, Date** \_\_\_\_\_ **Company Stamp, Signature** \_\_\_\_\_

(Dear customer please fill this contract out, sign it up with Stamp and send it back to us.)