



➔ Invoice address

ASSIGNMENT	
Order no.:	Date:
Contact:	
Mr. Oscar Yildirim, Dept. QA/Rework	
phone: +49(0)175 264 54 77 / fax: +49(0)7131 649 87 28	
e-Mail: nacharbeit@pls-hn.de	

➔ Sales tax ID no.:

Information about the orderer	
Contact person:	phone / fax:
Department:	e-mail:

Information about the site	
Address (if different from the invoice address):	
Contact person:	phone / fax:
Department:	e-mail:

Order description			
Brief description:	Start date:		
	Expected duration:		
Part description:	Part number:		
Fault description:	Equipment/Tools/Identification:		
Does a working instruction exist?	yes	no	partially

General terms and conditions apply (<http://www.pls-hn.de/impressum.html>)

Assignment confirmation

➔

(Place, date)

➔

(Signature)

Please send us this form filled in as completely as possible to permit a smooth processing.

