

Inquiry form: Plating services

COMPANY INFORMATION	
Company name:	
Contact person:	
Address:	
Phone:	
Fax:	
E-mail:	
PRODUCT INFORMATION	
Product name:	
Code:	
Weight (kg):	
Area (dm ²):	
The basic material:	
Plating treatment:	
Thickness (µm):	
Additional pre-treatment:	
QUALITY	
The required quality characteristics:	
Measurement protocol (YES/NO):	
QUANTITY (PIECE)	
Estimated annual quantity:	
Quantities for each delivery:	
The number of deliveries per week/month:	
OTHER INFORMATION:	
Name of the plan in the attachment:	
Remarks:	