

ITS Industrieservice Automotive GmbH

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ORDER

Client		
Company		
Address		/
Postcode		
Town/ City		
Country		
Form of address		
Title		
First name		
Surename		
Department/ Position	1	
Telephone		
Fax		
E-mail		
Order number/ cost centre	1	
Bill receiver (if divergent from customer)		
Company		
Address		/
Postcode		
Town/ City		
Country		
Assignment location		
Company		
Address		/
Postcode		
Town/ City		
Country		
Contact		
Form of address		
Title		
First name		
Surename		

Departmnet/ Position			/	
Building/ Bay			/	
Telephone				
Fax				
E-Mail				
Assignment details				
Project description				
Contract commences/ ends			/	
Staff qualification/ number				
Number				
Qualification				
Assignment period				
Assignment description				
Article number				
Article description				
Quantity				
Inspection instruction				
Necessary tools				
Comment				
Documentation				
Please send				
Daily reports				
A final report				
Language	German		English	
Ву	E-mail		Fax 🔲	Mail
Orderer				
Order date				
Signature – block letters				
Signature				
To be completed by ITS Industriesers	vice Autom	otive Gr	mbH:	
Responsible personnel				
I received the above job instruc				
Date: Time	e:		Signature:	