Enquiry Form for Clients

|  |  |  |  |
| --- | --- | --- | --- |
| Reference No:   |  |  | | --- | --- | | Details of Client |  | | |
| |  |  | | --- | --- | | **Company:** |  | | **Name, Surname:** |  | | **Position/Profession** |  | | **Street Address:** |  | | **ZIP/ City:** |  | | **Country:** |  | | **Phone (incl. country code):** |  | | **eMail:** |  | |  | |  |  | | --- | | **Brief description of the case:** | |  | |  | |  | |  | | |
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|  | |
| **Volume of damage/claim\*:** |  |
| **Location of the case (Country, City):** |  |

Details of the Counterpart(s)

|  |
| --- |
| **Company:** |
| **Name, Surname:** |
| **Position:** |
| **Street Address:** |
| **ZIP/ City:** |
| **Country:** |
| **Phone:** |
| **eMail:** |

|  |  |
| --- | --- |
| Sign Client: |  |
| Location, date: |  |