Enquiry Form for Clients

|  |  |  |
| --- | --- | --- |
|  Reference No:

|  |  |
| --- | --- |
| Details of Client |  |

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| --- | --- |
| **Company:** |  |
| **Name, Surname:** |  |
| **Position/Profession** |  |
| **Street Address:**  |  |
| **ZIP/ City:** |  |
| **Country:** |  |
| **Phone (incl. country code):** |  |
| **eMail:** |  |
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| **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: |  |