



quotation number  
(will be filled in by HIGHVOLT)

**PERSONAL DATA**

name: \* \_\_\_\_\_  
company / institution: \* \_\_\_\_\_  
phone: \_\_\_\_\_  
e-mail: \* \_\_\_\_\_  
fax: \_\_\_\_\_

**PURPOSE OF THE ENQUIRY**

*\* mandatory fields*

budget planning       standard quotation       tender

**REQUESTED EQUIPMENT**

**QUOTATION REQUIRED**

within 2 weeks       within 1 month       within 2 months

until fixed date:

**BINDING PERIOD OF THE QUOTATION**

3 months       other:

**DELIVERY BASE ACCORDING TO INCOTERMS 2010**

EXW   
DAP   
CIF

**REQUESTED DELIVERY PERIOD**

months after order

**SPACE FOR REMARKS**

For further information please contact:

**HIGHVOLT Prüftechnik Dresden GmbH**  
Marie-Curie-Straße 10  
01139 Dresden  
Germany

Phone +49 351 8425-700  
Fax +49 351 8425-679  
E-mail sales@highvolt.de  
Website www.highvolt.de