

test

# Telefax

**SCHOTTEL Agency**

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or

**SCHOTTEL GmbH  
Mainzer Straße 99  
56322 Spay/Rhein  
Germany**

**Dept.: SET**

**Telefax No.: +49 2628 61-433**

## SPARE PARTS REQUEST

**Order No.** : \_\_\_\_\_  
**Serial Number** : \_\_\_\_\_  
**Type of Product** : \_\_\_\_\_  
**Manual No.** : \_\_\_\_\_  
**Name of Ship** : \_\_\_\_\_  
**Ship Owner** : \_\_\_\_\_

Part No.	Part Name	Item No.	No. of Sub-Assembly	Name of Sub-Assembly	Quantity
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\* Tick where applicable

**Spare Parts with Approval :** Yes  No

**Dispatch by :** Mail  Road  Rail

Other -----  
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**Delivery Address :** -----  
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**Invoice Address :** -----  
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Stamp / Signature of Customer

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Place and Date