



Please send to:

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Water point REQUEST

FORM

8

Exhibition:

Tel:

Company name:

Fax:

Contact Person:

Address:

E - mail:

Please mark the list if you wish to order the following:

| PLEASE MARK (x) | DESCRIPTION | CAT. # | PRICE/ UNIT IN \$US | PRICE/ UNIT IN €EURO | NO. OF UNITS | TOTAL |
|--------------------|--------------------------|--------|---------------------------|----------------------------|------------------------|-------|
| | Water point +/-or sewage | 711 | 260\$ | 200€ | | |
| | Sink | 712 | 143\$ | 112€ | | |
| | | | | | TOTAL | |
| | | | | | +16%VAT | |
| | | | | | GRAND TOTAL | |

Signature: X _____