



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/<br>UNIT IN<br>\$US | PRICE/<br>UNIT IN<br>€ EURO | NO. OF UNITS           | TOTAL |
|-----------------|--------------------------|--------|---------------------------|-----------------------------|------------------------|-------|
|                 | Water point +/-or sewage | 711    | 310\$                     | 238€                        |                        |       |
|                 | Sink                     | 712    | 174\$                     | 136€                        |                        |       |
|                 |                          |        |                           |                             | <b>TOTAL</b>           |       |
|                 |                          |        |                           |                             | <b>+16%VAT</b>         |       |
|                 |                          |        |                           |                             | <b>GRAND<br/>TOTAL</b> |       |

Signature: X \_\_\_\_\_