



KALINGA™

TESTING INSTRUMENTS PVT. LTD.

We will make you believe . . . !

Plot No. 52, Room No. 1&2, Sector-14, Nerul (W), Navi Mumbai, Pin-400706, Maharashtra, INDIA | Web: www.ktinst.com
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CUSTOMER VISIT / REQUIREMENT FORM

CUSTOMER DETAILS

Company Name : _____
Company Address : _____
Tel / Fax No. : _____

Date: __ / __ / __
Ref. _____

CONTACT PERSON

(1) _____ Dept.: _____ Mobile: _____ E-mail: _____
(2) _____ Dept.: _____ Mobile: _____ E-mail: _____
(3) _____ Dept.: _____ Mobile: _____ E-mail: _____

Dear Sir / Madam,

We are interested to purchase following testing instruments / lab instruments. Please send your quotation along with leaflets.

S/N	ITEM DESCRIPTION	MAKE / MODEL NO.

Requirement Type : Budget Urgent Other _____

Time Frame : 1 Month 3 Months Other _____

Reference :

(1) _____ Dept.: _____ Mobile: _____ E-mail: _____
(2) _____ Dept.: _____ Mobile: _____ E-mail: _____

Kindly mention the currency in which quotation amount is required : _____

Company Seal / Stamp : _____

Customer's Signature : _____

Sales Representative : _____

Signature : _____