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| **GENERAL APPLICANT DATA** |
| Company name:  | VAT n°:  |
| Street/Nr:  | ZIP:  | City:  |
| Country:  | Tel:  | Fax:  |
| Contact person:  | e-mail:  |
| Title:  | Language: 🞎 French 🞎 Dutch 🞎 English |
| Street/Nr:  | ZIP:  | City:  |
| Country:  | Tel:  | Fax:  |
| Invoicing address: *( If not same address as mentioned in general applicant data.)*Adresse de facturation:(Nom société, Rue, Code postal, Localité, Pays, Tél., e-mail, Personne de contact, Fonction, N° TVA) |
| 🞎 I would like to receive the invoice by post | e-mail:  |
| Company name:  | VAT n°:  |
| Street/Nr :  | ZIP:  | City:  |
| Country:  | Tél:  | Fax:  |
|  **TYPE OF INSTALLERS**  |
| **FIRE PREVENTION (BOSEC, ANPI)**🞎 Automatic fire detection installation (BOSEC FD E)🞎 Smoke extraction system installation \* (BOSEC HSE E)🞎 Automatic fire extinguishing installation \* (BOSEC EX E)🞎 Fire Bushing Installation \* (BOSEC FRS E)🞎 Authorized technicians (ANPI)\**Note:\* activity out of BELAC accreditation* | **INTRUSION PREVENTION (INCERT, S3)**🞎 Automatic detection installation (INCERT ID E)🞎 Car alarm systems installation (INCERT VT E)\*🞎 Videosurveillance installation (INCERT VSI E)\*🞎 Videosurveillance distributor (INCERT VSD E)\*🞎 Alarm Centers (INCERT ARC E)🞎 Locksmiths (S3)\* |
| **ADDITIONAL INFORMATION** |
| 🞎 Provide me a quotation 🞎 Contact me for further details | 🞎 Immediately available for audit 🞎 Available for audit as from: ……………………………………… |
| **APPLICANT'S DECLARATION** |
| **The applicant declares that all the information given in this form is correct and exhaustive.** *Note: sign in this section.*  |
| Date:  | Signature of authorized representative |
| First Name, Name:  | Title:  |
| This duly filled in and signed off quotation request *(hard copy by mail or e-scanned copy by* *e-mail)* has to be sent to :sales@anpi.euOur general conditions are applicable and available on our website. |