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## CUSTOMER'S INFORMATIONS

### USER'S REFERENCES

Institution's name : .....  
 Address : ..... Town : ..... Postal Code : .....  
 Name : ..... First name : ..... Phone : ..... E-mail : .....

### DELIVERY'S REFERENCES

Institution's name : ..... Block / Unit : .....  
 Address : ..... Town : ..... Postal Code : .....  
 Name : ..... First name : ..... Phone : ..... E-mail : .....

### BILLING'S REFERENCES

Institution's name : .....  
 Address : ..... Town : ..... Postal Code : .....  
 Name : ..... First name : ..... Phone : ..... E-mail : .....

## YOUR REQUEST

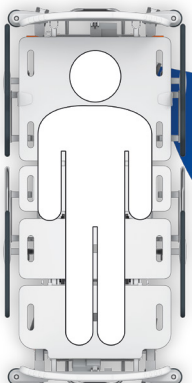

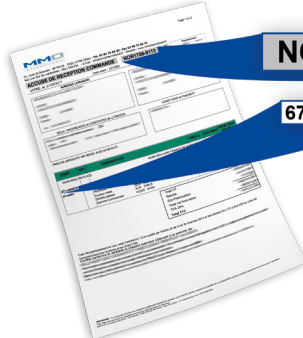
**Date :** ..... dd/mm/yyyy **Comments :** ..... Photo(s) attached  Yes  No

Spare parts request  Yes  No  
Send to [sp@mmointernational.fr](mailto:sp@mmointernational.fr)

Intervention / reparation request  Yes  No  
Send to [sav@mmointernational.fr](mailto:sav@mmointernational.fr)

Warranty request  Yes  No

## YOUR PRODUCT \*Quantity desired to be filled in each text box

BEDS		Serial N° :	FURNITURE		Order N° :		
Order N°	Date :	Article code :					
<b>Engine</b> <b>Actuator :</b> <input type="checkbox"/> Variable height <input type="checkbox"/> Back rest <input type="checkbox"/> Legs section <b>Switch :</b> <input type="checkbox"/> Control box <input type="checkbox"/> Wired remote control <input type="checkbox"/> Satellite remote control <input type="checkbox"/> Infrared remote control <input type="checkbox"/> Infrared receiver <b>Power supply, wiring :</b> <input type="checkbox"/> Battery <input type="checkbox"/> Power cable <input type="checkbox"/> Cable from control box to variable height actuator <input type="checkbox"/> Cable from control box to back rest actuator <input type="checkbox"/> Cable from control box to Leg actuator		<b>Equipements</b> <b>Sleep decks :</b> <input type="checkbox"/> Back rest <input type="checkbox"/> Central part <input type="checkbox"/> Knee section <input type="checkbox"/> Foot section <input type="checkbox"/> Extension section <b>Frame :</b> Head Foot Right Left Wheels ..... Breaks ..... Pedal ..... <b>Side rails :</b> Head Foot Right Left Split side rail ..... 3 bar folding side rail ..... 4 bar folding side rail ..... Wooden side rails ..... 3 segments, right side ..... 3 segments, left side ..... <b>Board :</b> Head Foot .....		<b>Equipment :</b> Chair, Armchair ..... Bench, Sofa ..... Chest of drawers / desks ..... TV stand ..... Wardrobe ..... Bedside cabinet ..... Desk ..... Table, Over bed table ..... <b>Hardware :</b> <input type="checkbox"/> Hinge <input type="checkbox"/> Base <input type="checkbox"/> Handle <input type="checkbox"/> Tip <input type="checkbox"/> Lock <input type="checkbox"/> Wheel <input type="checkbox"/> Slide <input type="checkbox"/> Rod <input type="checkbox"/> Cleat/Stop			
							
<p>S 5000 1/2 BARRIERE + AMOR                      5139-00059/17/20/00014                      NOR1704V110013                      22/06/2017</p>		<p>Serial N°                      Order N°                      Date</p>		<p>NOR1706-0113 → Order N°                      671-000078 → Article code</p>			