ATEX FORM

PROCESS ACOTOM®

Customer card ATEX

Identification : FQ-13
Date d'application : 01/06/07

Date : _____

Company name : _____

Name / Surname : _____

Address : _____

_____

_____

☎ : _____ 💻 : _____ 📠 : _____

INFORMATION TO BE SUPPLIED	*YES*	*NO*	*NORMATIVE REFERENCE*
Room temperature < +40°C			
Atex Category			
Atex area			
Power supply at least 10VA			

Comments

CUSTOMER	**COMITRONIC SALES**
Date : **Signature :**	**Date :** **Signature :**

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Please fill in this form when you purchase ATEX-products.