## **Fax-Inquiry**

## **Your adress**

Mr Mrs	
Name	Company
Street, Number	Postal code, City
Telephone	Fax
E-mail	

We wish to make you an offer which meets your demand as precisely as possible. Therefore we need a detailed description of your requirements. Please fill in one of these questionnaires for every product you wish to transport! Please send your inquiry to the fax number above. We will contact you soon. Thank you very much!

## Product

What would you like to transport?	The product is		
What is the weight of the product/one packing unit?	🗌 liquid		
Which mesures has the procuct/one packing unit (in mm)? hight width depth	solid		
How many pieces of the product are in one packing unit?	powder		
Cooling requirements			
Duration of transport:			
Please choose the required temperature during the transport: Required temperature	erature on arrival:		
□ < -30°C □ < -18°C □ +2°C-8°C □ +22°C □ other:			
Packaging requirements			
Re-usable systems:			
I would like a mobile climate box 🗌 aktive, with auto-regulative cooling/heating system			
passive, with vacuum technology			
Do you like to control the temperature during the transport?			
Disposable, insulated folding cartons:			
How many packages do you need per year?			
Shall we deliver the packages flat or assembled?			
Do you like to have your individuell print on the packaging?			
Do you have any special wishes concerning the packaging, for example inlets or special cooling elements?			
With which packaging system do you work at present?			
ThermoSecure medical equipment GmbH			

Fuggerstraße 16 · D-51149 Köln Tel.: +49 (0)22 03 10 39 60 · Fax: +49 (0)22 03 10 43 85 E-Mail: info@thermosecure.de · www.thermosecure.de