

I would like... an offer place my order directly

Company data (please fill in block letters)

Store name:	<input type="text"/>	Contact Person:	<input type="text"/>
Street:	<input type="text"/>	Store Number:	<input type="text"/>
Post code and city:	<input type="text"/>	Date:	<input type="text"/>
Phone:	<input type="text"/>	Requested delivery date:	<input type="text"/>
E-Mail:	<input type="text"/>	Tax number:	<input type="text"/>

Send us this form:

via fax: 0049 5222 36965 -710

via email: retailcs@postuning.com

via WhatsApp photo to:
+49 162 1018792

If possible, please send us a photo of your shelf (per axis).

Call us for advices? Phone: +49 5222 36965 -695

Product category

Please use one form for each category (e.g. chocolate or bagged salad)

Type of shelf floor

<input type="checkbox"/>	<input type="checkbox"/>
metal, glas or wood	metal grid

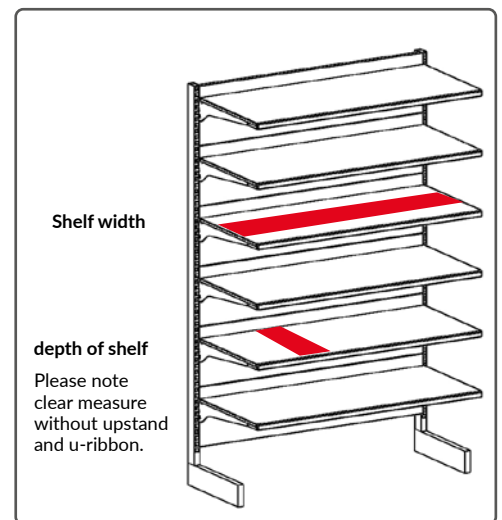
Colour of shelf floor

<input type="checkbox"/>	<input type="checkbox"/>
bright, e.g. white or silver	dark, e.g. black or anthracite

Shelf width	<input type="text"/>	cm
Depth of the shelves	<input type="text"/>	cm
Number of floors	<input type="text"/>	pcs.

If you have shelf floors with varying depths, please use the lines below for further details

Shelf width	<input type="text"/>	cm
Depth of the shelves	<input type="text"/>	cm
Number of floors	<input type="text"/>	pcs.
Shelf width	<input type="text"/>	cm
Depth of the shelves	<input type="text"/>	cm
Number of floors	<input type="text"/>	pcs.



place/date

signature

With your signature you confirm that we may send you an offer or an order confirmation to the e-mail address given above and that we store your contact details in our system.