

# Accessories Request Form

## FO-LS363

To ensure that you are get offered the correct items, we need the specific information listed below. This information allows us to find and offer the correct item for your specific machine faster. Thanks upfront for your cooperation and support.

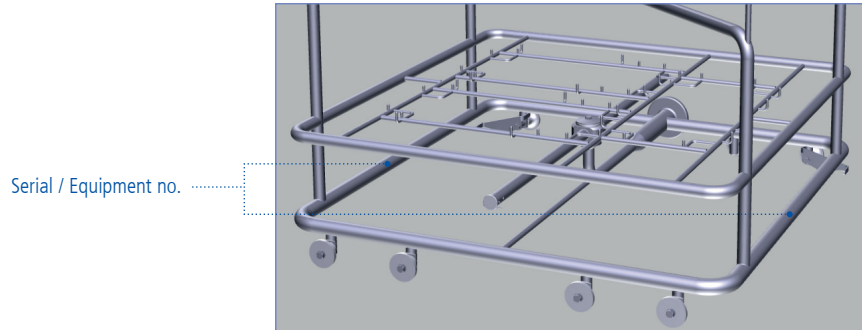
Date *	
Request type *	Price and delivery time request

### Customer / End user information

Company name *	
First name *	
Last name *	
Street *	
Zip code *	
City *	
Country *	
Direct phone number *	

### Device information

Machine model *	
Serial / Equipment no. *	



### Article information

POS	Quantity *	Article number *	Description / Name *
1			
2			
3			
4			
5			

[Click here to email form](#)

Reset form – all entries will be deleted

**Please send the complete form to:**  
**Belimed Life Science AG** · Central Spare Parts Team  
 Zelgstr. 8 · 8583 Sulgen · Switzerland  
 Tel. +41 445 530 349 · [spareparts@belimed-lifescience.com](mailto:spareparts@belimed-lifescience.com)

\*All mandatory fields must be filled in.