



**FOLPAK** Sp. z o.o.

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**P O L S K A / P O L A N D**

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Inquiry

Using below mentioned form you can send to us the questions regarding foreseen costs of transport.

Please fill in obligatorily the fields marked with\*

| Company Data  |  |                    |  |
|---|--|--------------------|--|
| Company *   |  |                    |  |
| Adress *  |  |                    |  |
| Country   |  | Branch             |  |
| Contact - person *  |  | Phone number *     |  |
| Mobile :  |  | e-mail :           |  |
| Please write into the field below the content of your question or your notice : |  |                    |  |
|   |  |                    |  |
| Additional remarks regarding the commodity                                      |  |                    |  |
| Gross weight (kg)   |  | Kind of commodity: |  |
| Place of delivery   |  |                    |  |
| Adress :  |  |                    |  |
| Place of receipt  |  |                    |  |
| Adress :  |  |                    |  |

Date:

.....

Signature :

.....