

THERMOLAB Ltd	QUALITY MANAGEMENT FORM	Code: FK 6-1
		Version: 02
Novi Iskar, Sofia	ORDER - CONTRACT	Copy: 1
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ORDER #	
DATE:	FOR INITIAL TYPE TESTING PRODUCT
DELEGATOR:	
/company/person name – control delegator /	
TEST/CONTROL OBJECT:	
/ full object/s name which shall be tested /	
OBJECT STATE:	
/state, conditions and production mode and exploitation /	
REQUEST TYPE ACTIVITY:	
ADMISSIBLE INDEXES:	
/ evaluation system, acceptable level, control parameters /	
OBJECTS / control sections / ARE SPECIFIED BY:	
ORDER AND PEOPLE TO BE INFORMED FOR UNSATISFACTORY INTERMEDIATE RESULTS:	
THE REPORT (CERTIFICATE) SHALL BE PREPARED IN TOTAL ... COPIES – ... COPIES FOR THE DELEGATOR AND ... COPIES FOR THERMOLAB Ltd.	

Made by:	Emil Antov	Person responsible for quality		12.04.2007
Approved by:	Plamen Iliev	Manager		12.04.2007
	First name, Last name	Position	Signature	Date

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OTHER OBJECT DATA:

OTHER REQUEST ACTIVITY DATA:

TEST PAYMENT THE DELEGATOR WILL MAKE UP TO DAYS AFTER THE REPORTS/ CERTIFICATE AND INVOICE ARE PRESENTED:

SINGLE PRICE:

TOTAL ACTIVITY PRICE:

DELEGATOR BANK ACCOUNT: EXECUTOR BANK ACCOUNT:

DELEGATOR VAT: EXECUTOR VAT:

DELEGATOR BULSTAT: EXECUTOR BULSTAT:

DELEGATOR:

EXECUTOR:

/first name, last name, signature/

/first name, last name, signature/

I RECEIVED PROTOCOL/S/ WITH NUMBERS:

.....

I RECEIVED CERTIFICATE/S/ WITH NUMBERS:

.....

I DO NOT/ I DO HAVE OBJECTIONS REGARDING PERFORMED TEST/CONTROL AND GIVEN RESULTS.

.....

.....

/first name, last name, signature/

/receiving date/

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