Optima

ORDER FORM

KBL GmbH
The Beauty & Health Company

KBL-Distributor		
Delivery address		
Model	**Tower Optima**	**Quantity:_____pcs.**
Standard	   	
Wellness Package 	O Yes	O No
Sound System 	O Yes	O No
VibraNano 	O Yes	O No
Exhaust air duct with Exhaust air hose	O Yes	O No
Loudspeakers	O Yes	O No
megaTimer	O Yes	O No
Collection / Shipment	O Self-collector	
	O Collection via ordered forwarder by customer	
UV type	**O EN 60335-2-27**	**O IEC 60335-2-27 (not for EU countries)**
	O TYP III	
Power supply	O 400V/3N~/50HZ	O_____
Date of shipment	approx. in calendar week:_____ /20_____	

Place/Date of order: _____

Authorized signature and official company stamp: _____

Binding order – This order is placed according to the general terms of Trade of the KBL GmbH
Order Form from November 2020