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|  | **PASTA CONSULT**  **Di Tripodi Vincenzo**  Via Cannetolo 114 , 43012 Fontanellato (PR) ITALIA  Mobile +39 331 3230194 – e-mail [vinctrip@hotmail.com](mailto:vinctrip@hotmail.com)  C.F. TRPVCN57L11I333T  P.I. IT 02889990343 |

# INTERVENTION REQUEST

The aforementioned company requires Pasta Consult to provide technical assistance on the plants / machines under the conditions indicated below.

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| THE APPLICANT COMPANY  Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Zip code \_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tax ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| TYPE OF PLANT / MACHINEInformations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description of the defect / problem found \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **INTERVENTION CONDITIONS**  The rates of the company Pasta Consult are as follows:   * Euro 80,00/ hour - for hours in remote assistance from the second hour onwards * Euro 650,00 daily - for on-site assistance including travel days * Euro 0,45/km ( mileage refund ) * Reimbursement (food-accommodation-motorway expenses)   The payment of the tariffs are agreed with the customer based on the type of intervention to be performed |

Hereby, the company below declares to have read the conditions.

Date\_\_\_\_\_\_\_\_\_\_\_ Legible name and surname of the applicant

Stamp and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_