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|  | **PASTA CONSULT****Di Tripodi Vincenzo**Via Cannetolo 114 , 43012 Fontanellato (PR) ITALIAMobile +39 331 3230194 – e-mail vinctrip@hotmail.com C.F. TRPVCN57L11I333TP.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 COMPANYCompany\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_