|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | **MÜŞTERİ BİLGİLERİ** | | | | | | | | | | **KAYNAK TALEP NO:** | | |  | | | Firma Adı/Kişi: | |  | | | | | | | | | | | | | İlgili Kişi: | |  | | | | | | | | | | | | | E-mail: | |  | | | | | | | | | | | | | Firma Adresi: | |  | | | | | | | | | | | | | Vergi Dairesi/Vergi No: | |  | | | | |  | | | | | | | | Telefon ve Faks: | |  | | | | |  | | | | | | | | Yetkili e-posta: | |  | | | | | | | | | | | | | **FATURA BİLGİLERİ** | | | | | | | | | | | | | | | Fatura kesilecek kişi/Firma: | |  | | | | | | | | | | | | | Fatura Adresi: | |  | | | | | | | | | | | | | Vergi Dairesi/Vergi No: | |  | | | | | | | |  | | | | | **FERAGAT BEYANI** | | | | | | | | | | | | | | | Lazer kaynak yapılacak parça MEGEM A.Ş. Kaynak merkezine firma tarafında mı getirilmiştir.  🞎 Müşteri tarafından alınıp Kaynak merkezine getirilmiştir.  🞎 Parça Lazer kaynak yapmak için uygundur. (Uygun Değilse Sebebi) ………………………………………………………… | | | | | | | | | | | | | | | Müşteri Lazer kaynak makinesinden oluşabilecek konular hakkında bilgilendirilmiş, malzemenin kabulü yapılmış ve kaynak ona göre başlatılmıştır. | | | | | | | | | | | | | | | **KAYNAK TALEP BİLGİLERİ** | | | | | | | | | | | | | | | **MALZEME TANIMI:**  (Müşteri beyanıdır.) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Deney** | | | **Kaynak Talebi** | **Kaynak Adedi** | | **Malzeme Cinsi** | | | **Not** | | | | **Test Ücreti** | | **Lazer Kaynak** | | | **🞎** |  | |  | | |  | | | | **1350 TL/adet + KDV** | | **Diğer:** |  | | **🞎** |  | |  | | |  | | | |  | | **KAYNAK TALEBİ** | | | | | | | | | | | | | | | **Kaynak talep eden firmanın bilgileri** | | | | | **Yetkili**  **Adı Soyadı** | | | **İmza ve Kaşe** | | | **Talep Tarihi** | | | |  | | |  | | |  | | |   **Bu form müşteri tarafından ya da sözlü olarak verilen bilgilerle eksiksiz doldurulacaktır. Doldurulan formlar kontrol edilerek teslim alınacaktır.**   |  |  |  |  | | --- | --- | --- | --- | | **MALZEME KABUL** | | | | | **Tarih: Malzemeyi Teslim Alan:**  **Numune Kabul Personeli/**  **Adı Soyadı:**  **İmza:** |  |  |  | |