



Company name / Ship name:
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Invoice address:	Postal code:	City / Town:
	Country:	

Delivery address (if other than above):
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Contact person:	Telephone:
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VAT No:	Mobile:
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E-mail:	Website:
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**Type of ship(s):**      Tanker      Dry Cargo / Container      Passenger

Other:
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**GMDSS Safety Area(s)**      A1      A2      A3      A4

**Select the type of equipment you are interested in:**      TV      Emergency Radio      Navigation      Satellite      Locomarine      Antennas

<b>Delivery:</b>	Posten Business Mail (Företagspaket)	DHL	Pick Up	Other:
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**We aim to send our invoices as PDF when possible. 45 SEK per invoice via regular mail.**

E-mail address for invoice:
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Other comments:
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Representative of ship owner, signature:	Name in print:
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