

Date of request:

____ / ____ / ____

Request reference:

Delta Request for Quote

Send to Delta by fax at **+41 21 943 06 41**

Please use **BLOCK LETTERS**.

Requester

First name: _____ Last name: _____

Company: _____

Address: _____

Postcode: _____ City: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Véhicule

Make: _____ Model: _____

Version: _____

Model year: _____

Body type: _____ → Nr. of doors: 2 3 4 5

Ext. colour: _____ → varnish metallic

Gearbox type: automatic manual Vehicle size: _____ Liters Power: _____ hp

Fuel type: gasoline diesel natural gas natural gas / gasoline

Options

Reference	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments
