



ESTIMATE FORM

PLEASE FILL IN AND SEND IT BY MAIL OR FAX TO*:

Initram Impresa Italia S.r.l.
Via Pian di Rona snc
50066 REGGELLO (FI) - ITALY
Fax n° 0039.55.866.23.23

Surname, Name, Company: _____

Address: _____

ZIP code: _____ City: _____

State: _____

Phone n°: _____ Fax n°: _____

e-mail: _____@_____

Plant location: _____

Plant surface: _____ m2 Persons equivalent: _____

Type of wastewater (*residential building, hotel, restaurant, winery, kennel, etc.*):

Note:

I agree to the treatment of the data contained in this form for the estimate purpose.

(readable signature)
