



THE TINTING COMPANY

TRAINING REQUEST

February 10, 2015

Name paint supplier: _____

Names trainees:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Contact Person: _____

Fax number : _____

E mail : _____

LANGUAGE	GERMAN	<input type="checkbox"/>
	ENGLISH	<input type="checkbox"/>

TYPE OF TRAINING	Beginner	<input type="checkbox"/>
	Advance	<input type="checkbox"/>

INDICATE ABOUT WHAT MACHINES THEY NEED TRAINING

Dispenser	HA450/650	<input type="checkbox"/>	HP500/800	<input type="checkbox"/>
	TM300	<input type="checkbox"/>	Xsmart	<input type="checkbox"/>
	HA150	<input type="checkbox"/>		<input type="checkbox"/>

Shaker	SO400/SK450/SK550	<input type="checkbox"/>	GA450	<input type="checkbox"/>
	SK350	<input type="checkbox"/>		<input type="checkbox"/>

Software	PPro Machine settings	<input type="checkbox"/>
	FFMMaintenance	<input type="checkbox"/>

Requested Date:
(see our website: www.fast-fluid.com)

Please return this form to faxnumber: +31-(0)252 240 882
Or e-mail: fsnservice@idexcorp.com