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## ORDER FORM

*\* Completion of fields marked with asterisk is mandatory*

\*Company's name: \_\_\_\_\_

\*Telephone: \_\_\_\_\_

\*Contact person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

\*Grounds for order:

<i>Product</i>	<i>Quantity, MT</i>	<i>Place of Delivery</i>	<i>Date of Loading</i>	<i>Comments</i>

\_\_\_\_\_  
/Signature/

Please send the signed stamped copy of the form to fax number +371 266102276 or E-mail office@levinee.lv.