



THE TINTING COMPANY

# TRAINING REQUEST FORM

August 7, 2007

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	HA200 / 400 / 600	<input type="checkbox"/>	<input type="checkbox"/>
	TM300	<input type="checkbox"/>	<input type="checkbox"/>
	HA150	<input type="checkbox"/>	<input type="checkbox"/>

Shaker	SO400/SK450	<input type="checkbox"/>	SO300	<input type="checkbox"/>
	Galileo / Ferraris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Software	PPro Machine settings	<input type="checkbox"/>
	Diagnose 2002	<input type="checkbox"/>

REQUESTED DATE :  
(see our website: [www.fast-fluid.com](http://www.fast-fluid.com))

\_\_\_\_\_

Please return this form to fax number, +31(0) 252-240882  
Or mail to [service.fast-fluid.netherlands@idexcorp.com](mailto:service.fast-fluid.netherlands@idexcorp.com)

