

MASK REQUEST DETAILS

Company Name *

Contact Person *

E-mail *

Please fill in the types of masks you would like to order:

Type	Quantity
1	
2	
3	

Please note the minimum quantity (units) to order:

Type II	2,000
Type IIR	2,000
FFP2/KN95	100

For differences between mask types, please check out the [mask datasheet](#).

Invoicing

Contact Person *

E-mail *

Phone Number *

Area Code Phone Number

Invoicing Address *

Street Address

Street Address Line 2

City

Canton

Postal / Zip Code

Delivery

Contact Person *

The Contact Person (with Phone Number and E-mail) for Delivery is the same as the one for Invoicing.
I will type a new one for Delivery.

Contact Person *

E-mail *

Phone Number *

Area Code Phone Number

Delivery Address *

The Address for Delivery is the same as the one for Invoicing.
I will type a new one for Delivery.

Delivery Address *

Street Address

Street Address Line 2

City

Canton

Postal / Zip Code

How did you hear about us? *

Other *

Do you have any other requests or questions?

Will you be willing to recommend us?

Yes

Maybe

No