REQUEST FOR A FREE QUOTE FOR THE REMADE® CERTIFICATION SERVICE



PLEASE FILL OUT THIS FORM AND SEND IT TO INFO@REMADEINITALY.IT YOU WILL BE CONTACTED WITHIN A FEW DAYS! THANK YOU.

Date	Compiler no	Compiler name			Signature of the manager		
I AGREE							
certification and all th	s to have read the Technica e conditions set out therein ose of receiving a free cost	. The Company agrees to s	end the information c				
relation to the materials/	by-products mentioned abov	e, is the company able to pro	vide information relatin	g to their origin (trac	eability of the waste/by-	product)? (YES) (NO)	
Families*	of the product		the product is r		ne product is made	certinea components	
Number/	BE CERTIFIED (IF NEC	CESSARY ATTACH TH	E COMPLETE LIS N° of recycled materic by-products of v	als and/or Type of	recycled materials and/o y-products of which	Or N° of REMADE certified components	
						YES NO	
Company nar	ne Location of pro	duction site Ac	tivity	Contact person E-mail/Phone		1 positive answer previous questions?	
4. Does the subcontrac	ctor affix the REMADE label to	the product? YES NO					
2.ls the subcontractor	s production site in a differen ctor not make the material av	-		e. does it ship the pr	oduct directly? YES N	0	
in the table with those 1. Does the subcontract are not clearly identifia	ctor classify the incoming mat	erial, i.e. does it manage mat	erials with different per	centages of recycled	content that		
You are asked to carry	ONTRACTORS IN REL out an assessment of each su				on the following question	ons and fill	
CONTACT PHONE			CONTACT	EMAIL			
CONTACT PERSON							
LOCATION OF THE PRODUCTION SITE							
	ATIONAL SITES IN RE	LATION TO THE PRO	DUCT(S) TO BE C	ERTIFIED (IF NEC	ESSARY, ATTACH COMPL	ETE LIST)	
VAT			WEB SITE				
REGISTERED OFFIC	CE		WED CITE				
COMPANY NAME							
	SHEET						

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