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## Describe your needs

### Customer Informations

Please fill out the following application questionnaire. Your answers will help ensure an accurate reply. A representative of Serapid will respond to your request within two business days.

Company \*

Contact name \*

Address \*

City - zip code \*

Country \*

Phone \*

Fax

e-mail \*

\* mandatory items

Describe your needs in the field below :