

**Registration for spool pick up:**

**Customer:** \_\_\_\_\_

**Customernumber:** \_\_\_\_\_

Divergent Pick up adress if needed:

**Contact + Phone Number:** \_\_\_\_\_

**Opening hours:** \_\_\_\_\_

**Type of pallet (EPAL or one-way):** \_\_\_\_\_ **Number of pallets:** \_\_\_\_\_

**Dimensions of the pallet (L x W x H):** \_\_\_\_\_

**Total gross weight:** \_\_\_\_\_

**Lifting platform required:** YES  NO

**Spools ready for pick up:** YES  NO

**Additional Information:** \_\_\_\_\_

**For further questions:**

MEDI Kabel GmbH  
Daimlerstraße 47  
84478 Waldkraiburg

**Logistics department**  
E-Mail: [Leergut@medikabel.de](mailto:Leergut@medikabel.de)  
Phone: +49 8638/9547-0