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| **MONTRÉAL** | | | | | | | | | | | | | | | | | | | | | | **GATINEAU** | | | | | | | | | | | | **QUÉBEC** | | | | | | | | | |
| 9680, boul. du golf, Anjou, Montréal QC H1J 2Y7  **Tél. :** (514) 526-0221 **Fax :** (514) 526-1593 | | | | | | | | | | | | | | | | | | | | | | 73, rue Jean-Proulx, Gatineau QC J8Z 1W2  **Tél. :** (819) 777-0999 **Fax :** (819) 777-4891 | | | | | | | | | | | | 1100, rue Bouvier, local 350, Québec Qc G2K 1L9  **Tél. :** (418) 627-7040 **Fax :** (418) 627-2640 | | | | | | | | | |
| **RETOUR DE LOCATION**  **OUI**  **NON** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **▶ ACCESSOIRES RADIO PORTATIVE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **▶ ACCESSOIRES RADIO MOBILE ET BASE** | | | | | | | | | | | | | | |
|  |  | | |  | ANTENNE FLEXIBLE | | | | | | | | | | |  | | | | | | | | | | | | |  |  | |  | BASE MAGNÉTIQUE | | | | | | | | | | |
|  |  | | |  | ÉCOUTEUR modèle : | | | | | | | | | | | |  | | | | | | |  | | | | |  |  | |  | ANTENNE DE MOBILE | | | | | | | | | | |
|  |  | | |  | CASQUE modèle : | | | | | | | | | |  | | | | | | | | |  | | | | |  |  | |  | PLAQUE DE MÉTAL | | | | | | | | | | |
|  |  | | |  | ENSEMBLE DE SURVEILLANCE | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | MICROPHONE DE TABLE | | | | | | | | | | |
|  |  | | |  | MICRO HAUT-PARLEUR | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | BLOC D’ALIMENTATION | | | | | | | | | | |
|  |  | | |  | ÉTUI : | | | | | | En cuir | | |  | | | | | En plastique | | | | | |  | | | |  |  | |  | MICROPHONE DE MOBILE | | | | | | | | | | |
|  |  | | |  | ATTACHE DE RETENUE (T-STRAPS) | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | HAUT-PARLEUR EXTÉRIEUR | | | | | | | | | | |
|  |  | | |  | ATTACHE PIVOTANTE | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | PLANCHE DE BOIS INCLUANT SUPPORT | | | | | | | | | | |
|  |  | | |  | BATTERIE | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | CÂBLE D’ALIMENT. | | | | | |  | | PRISE BRIQUET | | |
|  |  | | |  | CLIP | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  | | | | | | | | | | |
|  |  | | |  | CHARGEUR SIMPLE | | | | | | | | | | | | | | |  | | | TRANSFO | | | | | |  |  | |  |  | | | | | | | | | | |
|  |  | | |  | CHARGEUR MULTIPLE | | | | | | | | | | | | | | |  | | | CORDE 110 V | | | | | |  |  | |  |  | | | | | | | | | | |
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|  | REMARQUES : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | MANQUANTS : | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
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|  | Resp. de la vérification CTM : | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | Signature client : | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
|  | | Représentant CTM : | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | SVP en lettre moulée : | | | | | | | |  | | | | | |
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«Toute signature du client sur le présent formulaire de retour de location est faite sous réserve par CTM de vérifier l’état de l’équipement et/ou  
son fonctionnement dans son atelier et le client sera responsable de toute perte et/ou dommage.»