

Inquiry      Order      No. \_\_\_\_\_

## Roller-guided QualityForks

Company \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Postal code, town \_\_\_\_\_

E-Mail \_\_\_\_\_

Cross-section (width x thickness) \_\_\_\_\_

**„Must“ Data**

Length (L) \_\_\_\_\_

**Lift truck brand / type** \_\_\_\_\_

Quantity \_\_\_\_\_

**Attachment** \_\_\_\_\_

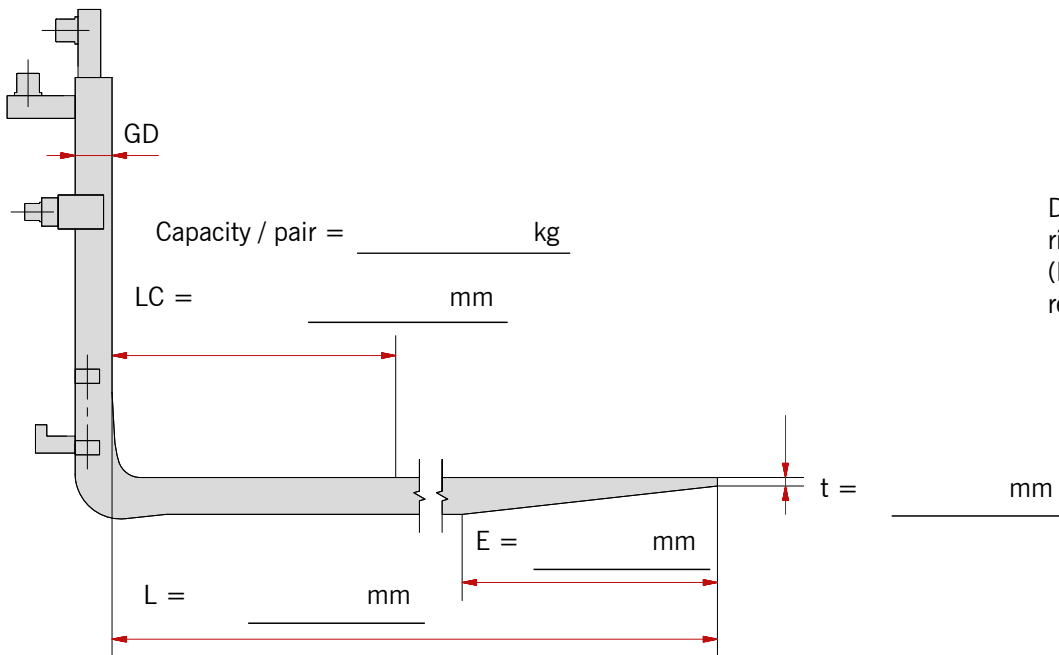
Delivery date \_\_\_\_\_

Application \_\_\_\_\_

**Scope of delivery**

**with rollers**

**without rollers**



Drawing shows right version (left fork laterally-reversed)

