

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

# Roller-guided QualityForks

Company \_\_\_\_\_  
 Street \_\_\_\_\_  
 Postal code, town \_\_\_\_\_  
 Cross-section (width x thickness) \_\_\_\_\_  
 Length (L) \_\_\_\_\_  
 Quantity \_\_\_\_\_  
 Delivery date \_\_\_\_\_

Name \_\_\_\_\_  
 Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_

„Must“-data

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

Attachment \_\_\_\_\_

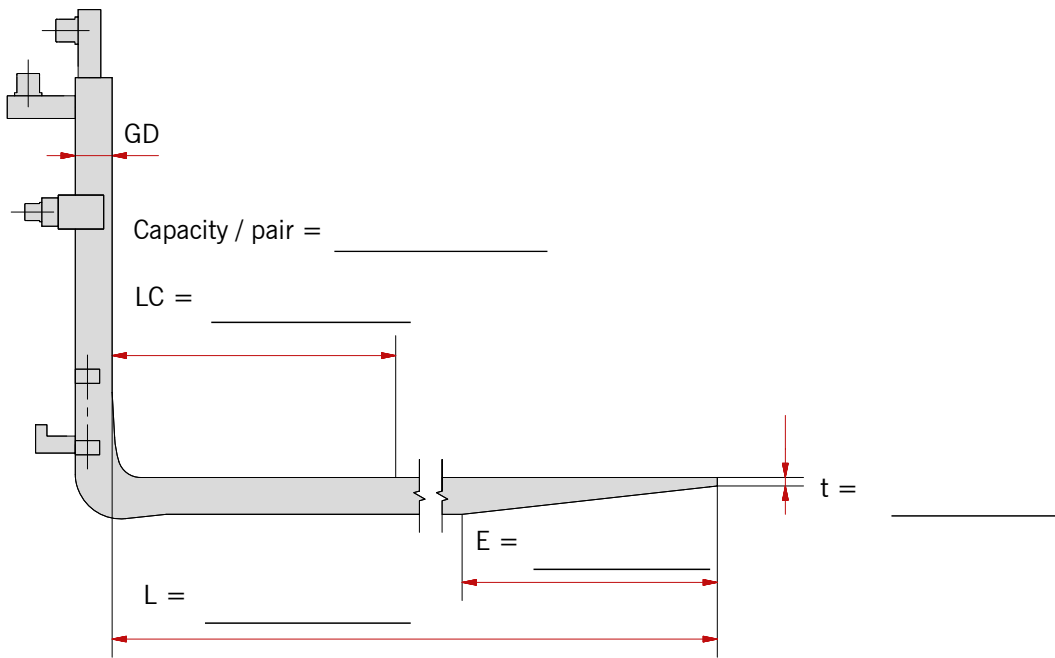
Application \_\_\_\_\_

Sizes in                                  mm / kg                  inch / lbs

**Scope of delivery**

**with rollers**

**without rollers**



Drawing shows  
right version  
(left fork laterally-  
reversed)

