

QualityForks with TWS suspension

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

Name _____
 Tel. _____ Fax _____
 E-Mail _____
 Lift truck brand _____
 Lift truck type _____
 Attachment _____
 Application _____

Alternative: upper hook
 ISO suspension ISO _____

