

QualityForks with ISO suspension

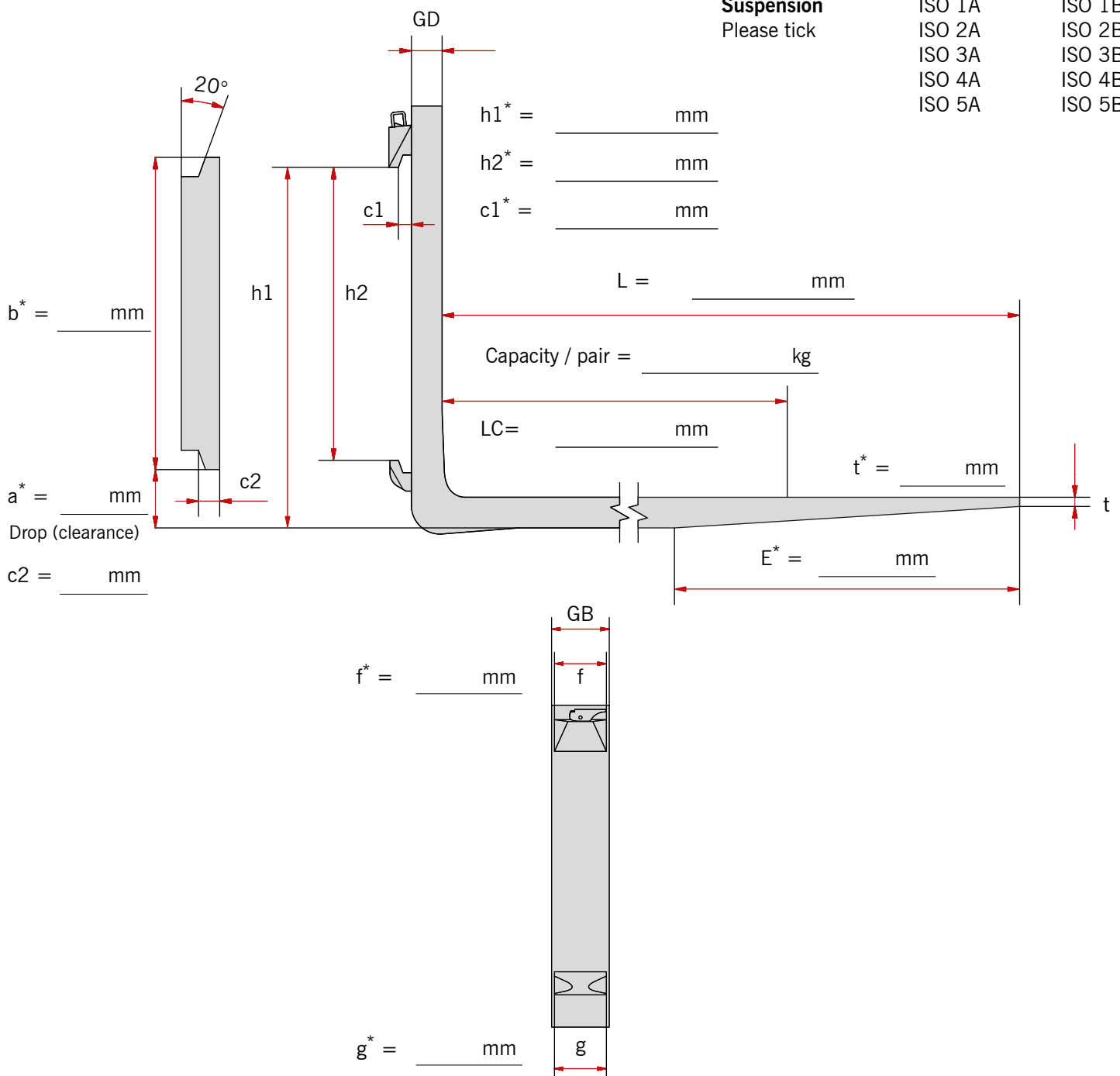
Company _____
 Street _____
 Postal code, town _____

Name _____
 Tel. _____ Fax _____
 E-Mail _____

Cross-section (width x thickness) _____
 Length (L) _____
 Quantity _____
 Delivery date _____

Lift truck brand _____
 Lift truck type _____
 Attachment _____
 Application _____

Suspension Please tick	ISO 1A	ISO 1B
	ISO 2A	ISO 2B
	ISO 3A	ISO 3B
	ISO 4A	ISO 4B
	ISO 5A	ISO 5B



*Note: „Optional“ data (fill in only if deviations from the standard)