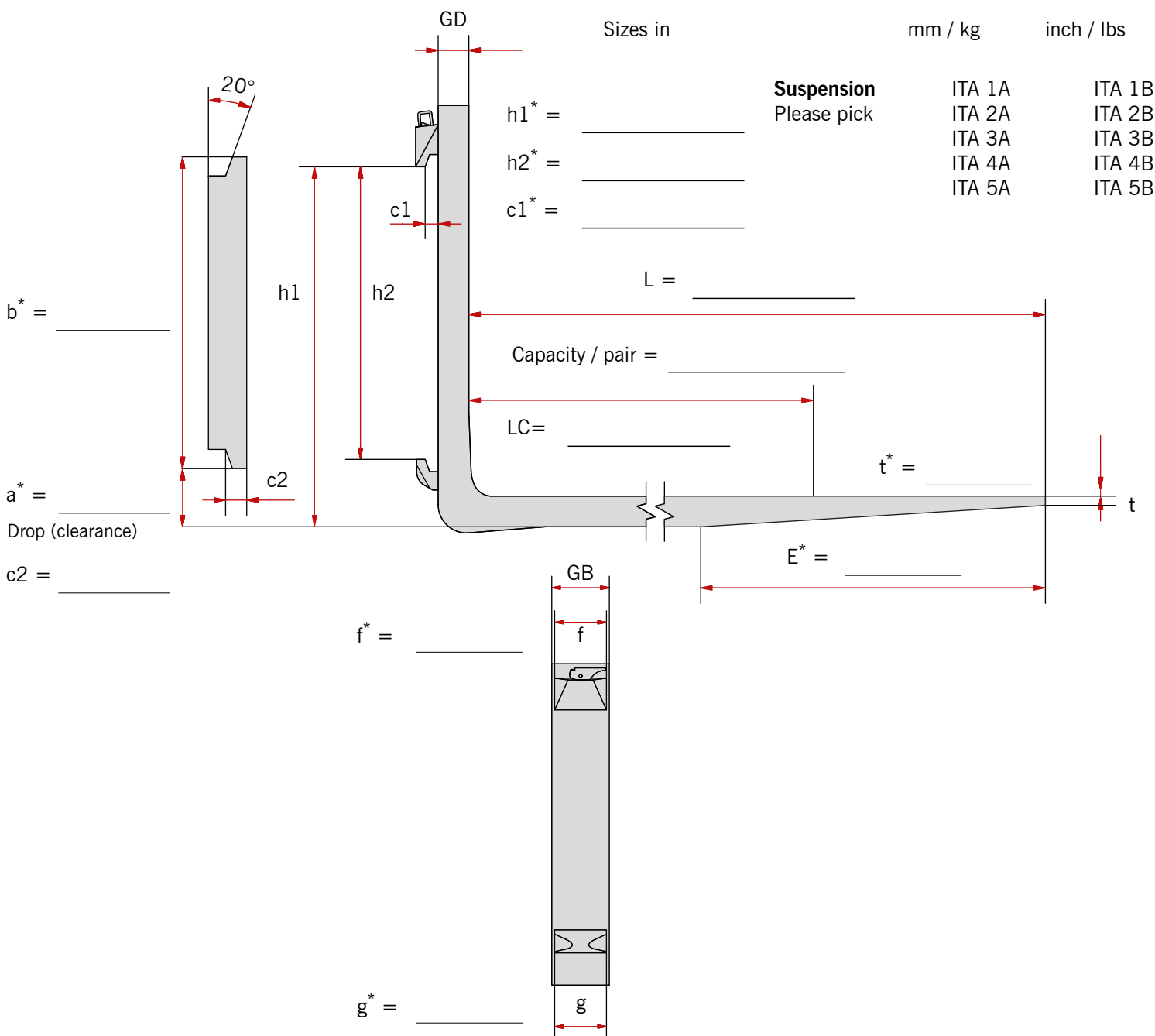


QualityForks with ITA suspension

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 _____
Date, Signature _____



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