

Inquiry Order No. _____

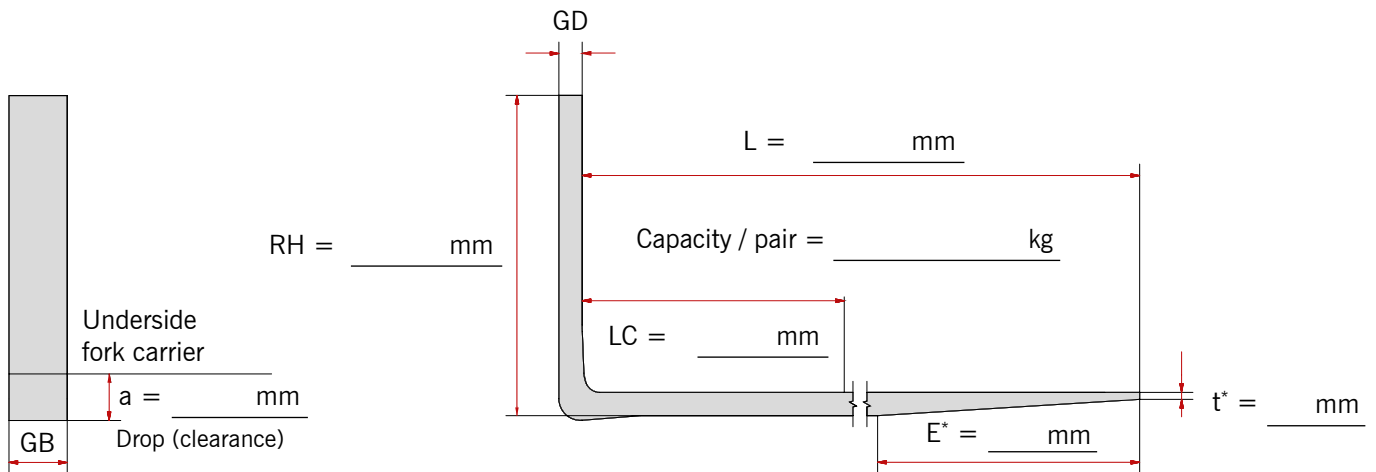


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QualityForks with customized suspension

Company _____	Name _____
Street _____	Tel. _____ Fax _____
Postal code, town _____	E-Mail _____
Cross-section (width x thickness) _____	
Length (L) _____	Lift truck brand _____
Quantity _____	Lift truck type _____
Delivery date _____	Date, Signature _____

For your drawings



Further information

Enclosures

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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