

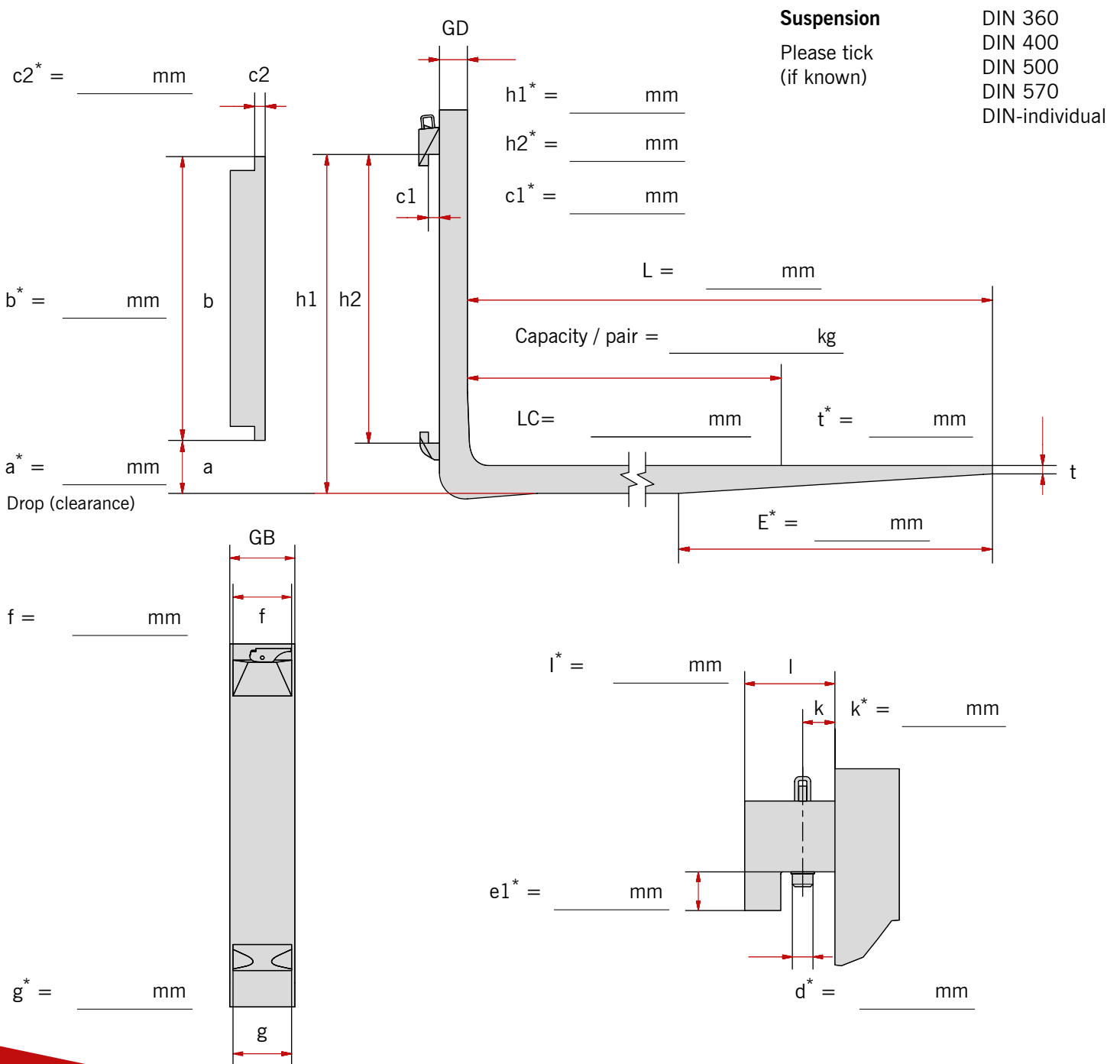
QualityForks with DIN suspension

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 _____
 Date, Signature _____



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