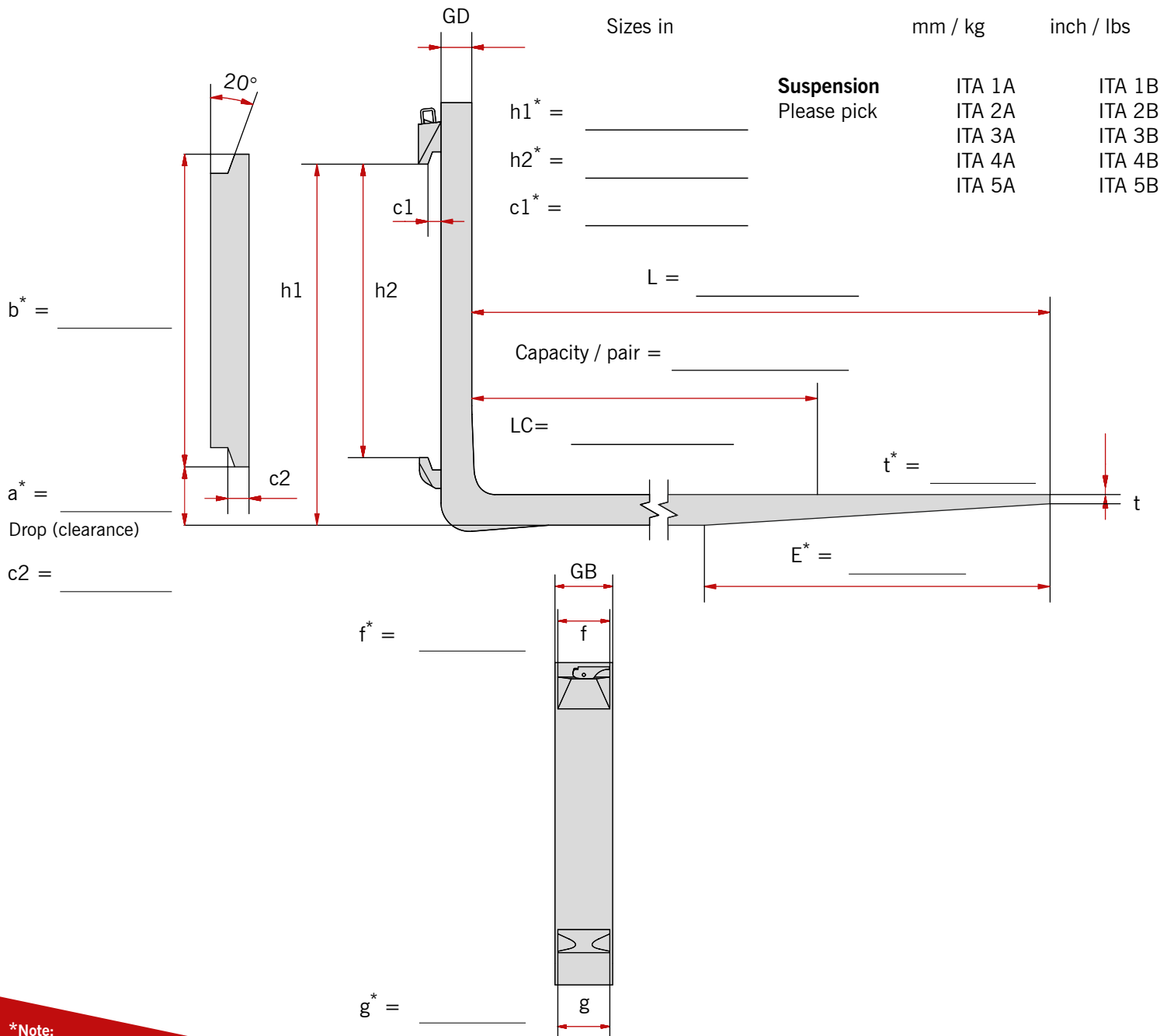


QualityForks with ITA suspension

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 _____
 Attachment _____
 Application _____



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