☐ Inquiry ☐ Order No. _____

VETTER®
Forks, Inc.

Roller-guided QualityForks

Company _____ Name _____

Street _____ Tel. _____ Fax _____

Postal code, town _____ E-Mail _____

Cross-section (width x thickness) _____ **„Must“-data**

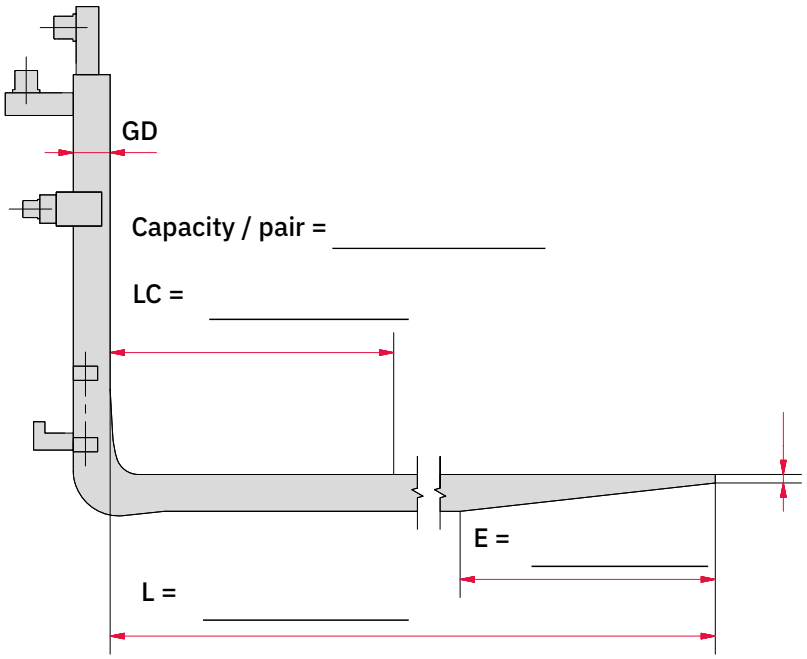
Length (L) _____ Lift truck brand / type _____

Quantity _____ Attachment _____

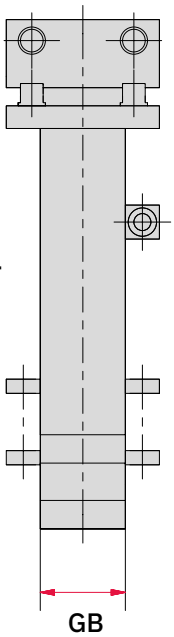
Delivery date _____ Application _____

Sizes in ☐ mm / kg ☐ inch / lbs

Scope of delivery
☐with rollers ☐without rollers



Drawing shows right version (left fork laterally-reversed)



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