

Inquiry Order No. \_\_\_\_\_

## Roller-guided QualityForks

Company \_\_\_\_\_  
Street \_\_\_\_\_  
Postal code, town \_\_\_\_\_

Name \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

Cross-section (width x thickness) \_\_\_\_\_  
Length (L) \_\_\_\_\_  
Quantity \_\_\_\_\_  
Delivery date \_\_\_\_\_

**„Must“ Data**  
Lift truck brand \_\_\_\_\_  
Lift truck type \_\_\_\_\_  
**Date, Signature** \_\_\_\_\_

**Scope of delivery**

**with rollers**

**without rollers**

