

Inquiry Order No. _____



Roller-guided QualityForks

Company _____
 Street _____
 Postal code, town _____
 Cross-section (width x thickness) _____
 Length (L) _____
 Quantity _____
 Delivery date _____

Name _____
 Tel. _____ Fax _____
 E-Mail _____

„Must“-data

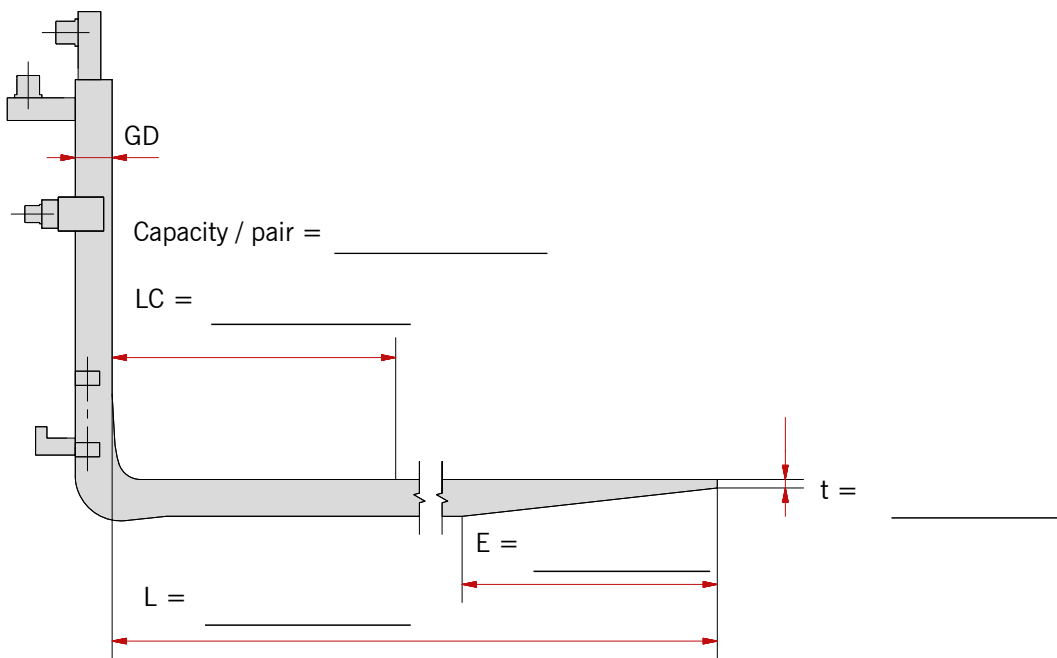
Lift truck brand / type _____

Attachment _____

Application _____

Sizes in mm / kg inch / lbs

Scope of delivery	
with rollers	without rollers



Drawing shows right version
 (left fork laterally-reversed)

