

# 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 \_\_\_\_\_  
Lift truck type \_\_\_\_\_  
**Date, Signature** \_\_\_\_\_

Sizes in    mm / kg                  inch / lbs

**Scope of delivery**  
with rollers                  without rollers

